

<b>Case Number:</b>	CM14-0031253		
<b>Date Assigned:</b>	04/09/2014	<b>Date of Injury:</b>	07/12/2010
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	01/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The claimant is a 53-year-old gentleman who injured his low back in work-related accident on August 26, 2005. A December 9, 2013, note describes chronic complaints of mid-back, low-back, bilateral leg, knee and foot pain. The note further states that, following the claimant's initial injury, he has reported four additional work-related injuries for the low back, bilateral knees and left foot, as well as the thoracic and lumbar spine. The claimant describes no interval change in his current lumbar complaints. He has been treated in the past with injection therapy, medication management, activity modification and work modification. Physical examination findings demonstrate tenderness to palpation over the L5-S1 level with an antalgic gait pattern, spasm and diminished global strength to the right and left lower extremity. There was no documentation of reflexive or sensory loss. The claimant's working diagnosis is post-laminectomy syndrome with degenerative disc disorder and spondylosis. The date of the claimant's prior lumbar surgery is not known. Previous imaging available for review includes a December 18, 2012, CT scan of the lumbar spine, which showed multilevel degenerative findings with no acute pathology noted. An MRI performed on September 5, 2013, showed evidence of a 2 millimeter left-sided disc protrusion without neurocompression at L2-3. There was also evidence of a left lateral disc osteophyte complex at L3-4, resulting in foraminal narrowing and multilevel facet hypertrophy. At the most recent clinical assessment, there was a recommendation for multilevel surgical procedure. Accordingly, this request is for a L2-3, L3-4 and L5-S1 laminectomy/microdiscectomy; a two- to three-day post-operative inpatient hospital stay; a post-operative LSO lumbar brace; a post-operative cold therapy unit for the lumbar spine; six sessions of home-based therapy post-operatively; and 12 sessions of outpatient physical therapy post-operatively.

## IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

### **RIGHT L5-S1 LAMINECTOMY / MICRODISCECTOMY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Other Clinical Protocols.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306.

**Decision rationale:** California ACOEM Guidelines would not support the role of a right L5-S1 laminectomy/microdiscectomy. Clinical imaging and examination findings are not concordant at the L5-S1 level in the form of neural compressive pathology and positive radicular findings to support the acute the need of an operative process at this lumbar level. The absence of the above would current fail to necessitate Guideline criteria which would indicate need for compressive pathology with concordant findings on examination.

### **LEFT L2-3, L3-4 LAMINECTOMY / MICRODISCECTOMY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES; OTHER CLINICAL PROTOCOLS.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 306.

**Decision rationale:** California ACOEM Guidelines also would not support the L2-3 and L3-4 portion of this procedure. As stated above, there are currently no concordant findings on examination and imaging to support the acute need of the two levels being requested. The absence of neural compressive pathology at the L2-3 and L3-4 level coupled with specific radicular findings on examination would fail to satisfy Guideline criteria.

### **2-3 DAY HOSPITAL STAY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Other Clinical Protocols.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Official Disability Guidelines Treatment In Worker's Comp , 18th Edition, 2013 Updates: Low Back Procedure - Discectomy/ Laminectomy.

**Decision rationale:** CA MTUS Guidelines are silent. When looking at Official Disability Guideline criteria, a three day hospital stay would not be indicated as there is currently no acute indication for the need of the operative process in this case.