

<b>Case Number:</b>	CM14-0050169		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	05/11/2012
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	04/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2014

### 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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain associated with an industrial injury of May 11, 2012. Thus far, the applicant has been treated with the following: analgesic medications, attorney representation, unspecified amounts of physical therapy, chiropractic manipulative therapy and acupuncture; a TENS Unit, and adjuvant medication. In a Utilization Review Report dated April 14, 2014, the claims administrator denied a request for L3-L4 and L4-L5 Laminotomy and Microdiscectomy, along with a companion request for postoperative physical therapy. The claims administrator did not incorporate either cited MTUS or NON-MTUS Guidelines into its rationale. The applicant's attorney subsequently appealed. In an April 22, 2014 progress note, the applicant was described as having persistent complaints of neck pain following an industrial motor vehicle accident. The applicant was off of work (it was acknowledged) and reportedly failed physical therapy, manipulative therapy, and acupuncture. Applicant's primary treating provider complained that the applicant's neurosurgeon had identified multilevel Neuroforaminal Stenosis/Spinal Stenosis at L3-L4 and L4-L5. The applicant had 7-9/10 low back pain radiating to legs as it was further stated. The applicant had positive straight leg raising with well-preserved reflexes (it was noted). The applicant was placed off of work, on total temporary disability. The treating provider cited NON-MTUS, ODG Guidelines in its appeal letter. On March 21, 2014, the applicant consulted a neurosurgeon. She/he had reported severe, constant (5/5 to 10/10) low back pain. The applicant was using Motrin, Desyrel, Topamax, Baclofen, Cymbalta, and Pamelor. A lumbar MRI report dated February 25, 2014 was interpreted as showing 1 mm anterolisthesis at L3-L4 without any pars defects with any changes from flexion to extension. The radiologist noted no worrisome bony lesions or osseous lesions. The radiologist also noted that at the L3-L4 level demonstrated 1 mm bulge without any disk herniation, stenosis, or alteration of the caliber of the central canal,

lateral recess, or neuroforamen as well as L4-L5 level demonstrated 1 mm bulging without any disk herniation, stenosis, or alteration of the caliber of the central canal, lateral recess or neuroforamen. No changes on flexion and extension were appreciated.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **1 BILATERAL L3-L4 AND L4-L5 LAMINOFORAMINOTOMY AND MICRODISCECTOMY: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307.

**Decision rationale:** While the MTUS Guidelines in ACOEM, Chapter 12, page 307 does acknowledge that the surgical treatment for spinal stenosis is "usually complete laminectomy," in this case, however, the applicant does not have any concrete radiographic evidence of spinal stenosis at the levels in question, L3-L4 and L4-L5. The applicant's radiologist read a recent lumbar MRI of February 25, 2014 as essentially negative, demonstrating an absence of any disk herniation, neuroforaminal stenosis, spinal canal stenosis, or lateral recess stenosis at either L3-L4 or L4-L5 levels in question. There is, in short, no clear evidence of a lesion amenable to surgical correction here. The reports of the applicant's neurosurgeon documenting spinal stenosis was not corroborated by that of a radiologist, even when nonstandard flexion and extension views were factored in consideration. Therefore, the request is not medically necessary.

#### **POST-OPERATIVE PHYSICAL THERAPY: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** While the Postsurgical Treatment Guidelines in MTUS do support a general course of 16 sessions of treatment following discectomy and laminectomy procedure for spinal stenosis, in this case, however, the Microdiscectomy-Laminoforaminotomy procedure was deemed not medically necessary. Since the surgical request in question has been deemed not medically necessary, the derivative request for postoperative physical therapy is likewise not medically necessary.