

<b>Case Number:</b>	CM14-0063119		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	04/22/2002
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	04/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2014

### 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 patient is a 58-year-old male who has submitted a claim for lumbar discitis, vertebral osteomyelitis - chronic, lumbar spinal stenosis, and lumbar radiculopathy associated with an industrial injury date of April 22, 2002. Medical records from 2012-2014 were reviewed. The patient complained of low back pain and bilateral leg pain. His back pain was more severe with lying down. He was able to sleep for a few hours then he has to get up due to back pain. He has completed aqua therapy and physical therapy for this problem. He feels unsteady when he walks due to bilateral leg weakness. Physical examination showed decreased range of motion of the lumbar spine due to pain. Motor strength was intact. Sensation was diminished on the left L4 and S1 distribution. Patient cannot do tandem walk. MRI of the lumbar spine, dated April 11, 2014, revealed erosions of the opposing L3-L4 endplates with expansion of disc space filled with T2 hyperintense signal is indeterminate for sterile versus infected fluid collection should be clinically correlated in this patient with known treated osteomyelitis of this disc space, spondylotic changes as above in the lumbar spine with varying degrees of moderate-severe neural foraminal narrowing worse at right L4-L5 and left L5-S1, and slight crowding of the cauda equine at L2-L3 with focal central disc protrusion. Treatment to date has included medications, physical therapy, aqua therapy, transcutaneous electrical nerve stimulation (TENS) unit, home exercise program, activity modification, trigger point injections, epidural steroid injections, and lumbar laminectomy. Utilization review, dated April 26, 2014, denied the request for L4-S1 revision laminectomy with foraminotomies with 1 day length of inpatient hospital stay because it was not clear what benefit will be obtained from decompression surgery and it was not clear if all non-surgical options have been attempted prior to considering a third decompression surgery.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**L4-S1 revision laminectomy with foraminotomies (remove spine lamina 1 lumbar): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Low Back Complaints, pages 305-307 and Chapter 7, page 127; Official Disability Guidelines (ODG), Low Back Section, Discectomy/Laminectomy; Fusion (spinal).

**Decision rationale:** Pages 305 - 307 of CA MTUS ACOEM Guidelines state that lumbar surgical intervention is recommended for patients who have: severe lower leg symptoms in the distribution consistent with abnormalities on imaging studies, preferably with accompanying objective signs of neural compromise; activity limitations for more than one month; clear imaging of a lesion; and failure of conservative treatment to resolve disabling radicular symptoms. ODG states that criteria for L4 laminectomy include severe unilateral quadriceps / tibialis anterior weakness or mild atrophy, and unilateral hip / thigh / knee / medial pain; for L5 laminectomy, severe unilateral foot/toe/dorsiflexor weakness/mild atrophy, mild-to-moderate foot/toe/dorsiflexor weakness, and unilateral hip / lateral thigh / knee / pain; and for S1 laminectomy, severe unilateral foot/toe/plantar flexor/hamstring weakness/atrophy, moderate unilateral foot/toe/plantar flexor/hamstring weakness, and buttock/posterior right/calf pain. In addition, ODG indicates that a revision surgery for purposes of pain relief must be approached with extreme caution due to the less than 50% success rate reported in medical literature. In this case, the rationale for the request was to help patient become more functional and because of the history of infection. Patient complained of persistent low back pain radiating to the bilateral lower extremity. Patient underwent lumbar laminectomy on the left L4-L5 in 2009 and lumbar abscess drainage on 2010. Recent physical examination findings showed decreased range of motion of the lumbar spine, diminished sensation on the left L4 and S1 distribution, and intact motor strength. Special orthopedic tests were not done. There was not enough evidence of neurologic compromise. MRI of the lumbar spine dated April 11, 2014 revealed spondylotic changes in the lumbar spine with varying degrees of moderate-severe neural foraminal narrowing worse at right L4-L5 and left L5-S1. Even though the progress report dated April 14, 2014 states that the patient has done aqua therapy and physical therapy, there was no documentation of outcome from previous methods of conservative treatment. Moreover, a progress report dated January 20, 2014 states that the patient had tried physical therapy and experienced good relief. The guideline criteria have not been met. Therefore, the request for L4-S1 revision laminectomy with foraminotomies (remove spine lamina 1 lumbar) is not medically necessary.

**One day length of inpatient 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, Treatment Index 12 th Edition (web) 2014, Low Back, Hospital length of stay.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated service is medically necessary.