

Case Number:	CM14-0103172		
Date Assigned:	09/16/2014	Date of Injury:	10/25/2010
Decision Date:	09/22/2015	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	07/03/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

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

This injured worker is a 55-year-old male who sustained an industrial injury on 10/25/10. Injury occurred when he fell approximately 25-feet off a roof, resulting in neck, back, and knee injuries. Past medical history was positive for hypertension, diabetes, and elevated cholesterol. He underwent anterior cervical discectomy and fusion at C5/6 on 6/16/13. Conservative treatment for the low back had included medication, physical therapy, chiropractic, whirlpool and massage. The 9/19/13 lumbar spine MRI impression documented an annular bulge with small central protrusion, moderate bilateral foraminal stenosis with abutment of the exiting nerve roots bilaterally. At L5/S1, there was moderate bilateral foraminal stenosis. At L2/3, there was moderate central canal stenosis with moderate right and mild to moderate left foraminal stenosis. At L3/4, there was moderate right and mild to moderate left foraminal stenosis. The 10/17/13 electrodiagnostic study evidenced right S1 radiculopathy. The 1/9/14 neurosurgical report cited significantly worsened low back pain radiating into the lower extremity. The pain was primarily located in the lateral part of the thigh and shin. Pain was worsened with walking and improved with medication and rest. There was bilateral leg weakness. Activities of daily living were limited. Treatment had included medications and physical therapy. Physical exam documented good lumbar range of motion without tenderness, and normal station and gait. There was 3/5 right lower extremity strength (right hip flexion and knee extension) and 4/5 left lower extremity strength. Sensation was intact, deep tendon reflexes were normal and symmetric, and there was no Hoffmann's sign. Imaging showed moderate central canal stenosis at L2/3 with moderate right and mild to moderate left foraminal stenosis. Authorization was requested for lumbar

laminectomy at L2/3. The 5/30/14 treating physician report cited an extreme flare-up of grade 8/10 low back pain shooting down his left leg. Pain radiated over the right anterior thigh to the medial knee. Physical exam documented decreased lumbar range of motion with significant tenderness. There was decreased sensation in the L3/4 distribution, and deep tendon reflexes were within normal limits. Surgery was again recommended. The 6/9/14 utilization review non-certified the request for L2/3 lumbar laminectomy as there were no documented physical exam findings suggestive of neurologic deficit/symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Lumbar Laminectomy L2-L3: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back (updated 05/12/2014), Discectomy/Laminectomy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic: Discectomy/Laminectomy.

Decision rationale: The California MTUS recommend surgical consideration when there is severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise. Guidelines require clear clinical, imaging and electrophysiologic evidence of a lesion that has been shown to benefit both in the short term and long term from surgical repair. The guidelines recommend that clinicians consider referral for psychological screening to improve surgical outcomes. The Official Disability Guidelines recommend criteria for lumbar discectomy that include symptoms/findings that confirm the presence of radiculopathy and correlate with clinical exam and imaging findings. Guideline criteria include evidence of nerve root compression, imaging findings of nerve root compression, lateral disc rupture, or lateral recess stenosis, and completion of comprehensive conservative treatment. Guideline criteria for L3 nerve root compression includes severe unilateral quadriceps weakness/atrophy, mild to moderate unilateral quadriceps weakness, or unilateral hip/thigh/knee pain. Guideline criteria have been met. This injured worker presents with worsening low back pain radiating into the right anterior thigh to the medial knee. Clinical exam findings are consistent with imaging evidence of plausible nerve root compression. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary.