

Case Number:	CM14-0178853		
Date Assigned:	11/03/2014	Date of Injury:	10/09/1996
Decision Date:	01/26/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	10/28/2014

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 Minnesota. 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 injured worker is a 75-year-old male with a date of injury of 10/9/1996. There is a 30 year history of chronic low back pain with grade 1 spondylolisthesis of L4 on L5, severe spinal stenosis due to a herniation at that level to the left of the midline, and a history of peripheral vascular disease, and diabetes. The subjective complaints include low back pain with left-sided radicular symptoms into the posterior and lateral thigh. The MRI scan of 7/1/2014 revealed severe broad-based protrusion at L4-5 accentuated by grade 1 anterolisthesis of L4 on L5. This results in severe central canal stenosis in combination with ligamentum flavum hypertrophy and left paracentral extrusion of the disc superiorly measuring approximately 10 mm in craniocaudal dimension. Severe bilateral neural foraminal narrowing is also noted. There is mild-to-moderate bilateral neural foraminal narrowing at L5-S1 with a mild bulge but no central canal stenosis at that level. On July 22, 2014 the progress report documents improvement with Neurontin. He stated that the last 3 days had been difficult with pain radiating to the left buttock and the left lateral thigh. There was no change in the lower extremity strength or sensation. On examination weakness of the left extensor hallucis longus was noted at 1/5 and weakness of the left foot dorsiflexors was noted at 2/5. Sensation was diminished in both feet up to the ankles. Deep tendon reflexes were absent at the ankles. On August 14, 2014 the documentation indicates that he was advised spinal surgery and preferred to try the epidural steroid injection first. On September 4, 2014 the low back pain appeared to be under better control. He felt that the steroid injection was beneficial. He reported being able to walk a bit easier and rated his pain at 4/10. He was no longer taking Norco. He was taking gabapentin 3 times daily. On 10/10/2014 he returned for additional discussion of surgery. The notes indicate that he has multiple medical problems making his surgical risks significant. He was on warfarin which will have to be stopped prior to surgery. After his last injection he was admitted to the hospital the next day for marked

dehydration and third spacing of fluid from his kidney disease. A surgical decompression was offered at L4-5 with the thinking that the spondylolisthesis at that level was stable. He wished to move forward with the surgery. The request for lumbar laminectomy and discectomy was noncertified by utilization review because of the high surgical risk given the comorbidities and the long-standing history of diabetes and peripheral vascular disease. It was also unclear if diabetes was contributing to the neurologic deficits. Given the comorbidities further workup of the diabetes would be indicated prior to proceeding with any surgical intervention. Therefore utilization review recommended noncertification of the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Laminectomy with discectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, and Surgical Considerations

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306 and 307.

Decision rationale: California MTUS guidelines indicate for older patients the rate of complications is dramatically higher with spine surgery. Patients with comorbid conditions such as cardiac or respiratory disease, diabetes, or mental illness may be poor candidates for surgery. Comorbidities should be weighed and discussed carefully with the patient. The injured worker is 75 years old and has a history of diabetes and peripheral vascular disease as well as renal disease. His low back pain history goes back 30 years. His radicular pain does not go below the thigh. The herniation and spondylolisthesis at L4-5 is old and there has been no recent change in the neurologic deficit. The presence of sensory deficit in both feet and ankles indicates that some of the neurologic symptoms are due to diabetic peripheral neuropathy. Electrodiagnostic studies have not been performed per available records. Additional evaluation of the peripheral vascular disease will also be important, particularly from the viewpoint of complications related to stopping the Coumadin. With regard to the spinal stenosis, the guidelines do not recommend surgery for elderly patients unless there is bladder or bowel dysfunction. In light of the above, particularly considering the high risk, additional workup is felt to be necessary before surgical considerations and as such the medical necessity of the current request for lumbar laminectomy with discectomy is not substantiated.