

<b>Case Number:</b>	CM14-0181576		
<b>Date Assigned:</b>	11/06/2014	<b>Date of Injury:</b>	09/18/2007
<b>Decision Date:</b>	01/02/2015	<b>UR Denial Date:</b>	10/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2014

### 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 Spine Surgeon 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 injured worker is a 69-year-old male with a reported date of injury on 09/18/2007. The mechanism of injury reportedly occurred when the injured worker pulled a machine, feeling a pop in his right shoulder. His diagnoses included spinal lumbar stenosis, lumbago, and sciatica. Other treatments included physical therapy, epidural steroid injections, and activity modification. The electrodiagnostic studies dated 09/07/2012 revealed abnormal electromyogram (EMG) and nerve conduction studies of the lower limbs consistent with bilateral L4, L5, and S1 nerve root impingement, chronic to moderate. There was mild underlying peripheral neuropathy, primarily demyelinating, when compared to the prior examination performed on 03/05/2010. The Letter of Medical Necessity dated 10/28/2014 indicates that the patient was previously denied surgery lack of evidence of nerve compression. The MRI of the lumbar spine dated 05/20/2014 which was noted to reveal grade 1 muscular strains of the right and left dorsal paraspinal musculature with evidence of intramuscular edema spanning the L5-S2 levels. At L1-2, there was a moderate disc desiccation and a 2 mm posterior broad based disc bulge. At L2-3, there was a 2 mm posterior broad based disc bulge. At L3-4, there was a 1 to 2 mm broad based disc bulge. At L4-5, there was a mild loss of disc space height with mild to moderate disc desiccation and there was a presence of a mild posterior spondylosis and 2 mm posterior broad based disc bulge. In addition, the clinician indicated that he did not believe that surgical intervention would give the injured worker substantial improvement. The procedure note dated 09/06/2014 indicates the injured worker received a transforaminal epidural injection at L4-5 and L5-S1. Previous surgical history includes arthroscopic surgery to the right shoulder in 05/2008. The injured worker underwent L5-S1 microdiscectomy on 07/07/2009. The injured worker was seen on 01/15/2014 and continued to have pain in the left shoulder, the rotator cuff was clinically healed, and the injured worker would continue physical therapy at a different facility. Current medications were not

provided. The treatment plan includes within the Letter of Medical Necessity the physician indicated that the plan of care was to appeal the denial for the surgical intervention. The request for authorization for associated surgical service, outpatient laminectomy at L4-5 and L5-S1; decision for associated surgical service, assistant surgeon; and decision for associated surgical service, medical clearance with [REDACTED] was submitted on 11/10/2014. The rationale for the request states that the injured worker has lateral recess stenosis with foraminal stenosis where the nerves are being pinched. The physician indicates this was confirmed with an epidural steroid injection which gave the injured worker relief.

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

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

#### **Outpatient-laminectomy at left L4-5, L5-S1: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**Decision rationale:** The California MTUS ACOEM Guidelines state that surgical intervention for nerve root compressions include laminotomy. Referral for surgical consultation is indicated for patients who have severe and disabling leg symptoms in a distribution consistent with abnormalities on imaging studies, preferably with accompanying objective signs of neural compromise; activity limitations due to radiating leg pain for more than 1 month or extreme progression of lower leg symptoms; clear clinical, imaging, and electrophysiological evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair; and failure of conservative treatment to resolve disabling radicular symptoms. The clinical information provided for review lacks documentation illustrating the patient's pain utilizing a VAS. In addition, there is a lack of documentation related to the functional deficits and activity limitations due to radiating leg pain. In addition, there is a lack of documentation related to failure of conservative treatment to resolve radicular symptoms. Therefore, the request for associated surgical service: outpatient- laminectomy at left L4-5, L5-S1 is not medically necessary.

#### **Associated surgical service: assistant surgeon: 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 Official Disability Guidelines (ODG) Low Back, Surgical Assistant.

**Decision rationale:** The California MTUS/ACOEM Guidelines do not address the request. The Official Disability Guidelines state that surgical assistants are recommended as an option in more

complex surgeries. An assistant surgeon actively assists the physician performing the surgical procedure. As the surgical procedure was not certified, the need for an assistant surgeon would not be medically necessary. Therefore, the request for associated surgical service: assistant surgeon is not medically necessary.

**Associated surgical service: medical clearance:** 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 Official Disability Guidelines (ODG) Low Back, Preoperative Testing, General.

**Decision rationale:** The California MTUS Guidelines do not address the request. The Official Disability Guidelines state that preoperative testing is often performed before surgical procedures. These investigations can be helpful to stratify risks, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. As the medical clearance is based on the request for surgical intervention and the request for surgical intervention has not been certified, the request for associated surgical service: medical clearance with [REDACTED] would not be medically necessary.