

<b>Case Number:</b>	CM14-0186804		
<b>Date Assigned:</b>	11/14/2014	<b>Date of Injury:</b>	01/14/2011
<b>Decision Date:</b>	01/06/2015	<b>UR Denial Date:</b>	10/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2014

### 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 Surgery, and is licensed to practice in Texas. 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 48-year-old female who was transferring a 24 pack of Pepsi's from a customer's cart, whereupon she felt a sharp and severe pain in her low back. When she was seen on 04/07/2014, she continued to have severe low back pain with radiation into her lower extremities, mainly on the left side. Her pain medications at the time were barely helping, with the injured worker continuing to move around with a limp and favoring her left side. She was diagnosed with a lumbar disc herniation at multiple levels, with facet joint pain syndrome and paraspinal myalgia, with myospasms and neurogenic claudication to the left leg. She had reportedly undergone an injection which did not work, and continued to have pain in the low back pain. On 06/06/2014, the injured worker underwent an MRI of the lumbar spine which noted that she had a 4 mm protrusion of the L4-5 intervertebral disc, into the left central spinal canal and lateral recess. When she was seen again on 07/14/2014, she stated that she was feeling a little better, and rated her pain level as a 4/10. She further indicated doing well and benefitting from her medications, and that she was ready to do physical therapy again. When the injured worker was seen again on 09/08/2014, she continued to have pain in her low back which radiated down to her bilateral lower extremities, with her pain level rated as a 5/10. The injured worker had subjective complaints on 10/06/2014 of tingling and cramping in both of her feet, with her pain level having increased to a 6/10 with physical therapy not having been of benefit. When she was seen again on 10/13/2014, the injured worker had reportedly completed 7 sessions of physical therapy and 1 epidural steroid injection, which had provided her with no pain relief. She had also been using medications to include Norco, Soma, and Ambien, as well as an NSAID with continued complaints of symptoms. Objectively, the injured worker walked with a left sided limp; though she was able to stand on her heels and toes, she did so with difficulty. She had a negative Romberg's test with mild tenderness in the lumbosacral area. Her sciatic notches

and trochanteric regions were non-tender with range of motion noting 20 degrees of extension, and on forward bending she was able to bring her fingers to her knees. She had normal bulk and tone with light touch sensation diminished in the lateral calves and top of her feet; with motor strength graded as a 5/5 in the EHL, tibialis anterior, gastrocnemius, quadriceps, hamstrings, hip flexors, extensors, abductors, and adductors. She was positive for a straight leg raise, for sciatic pain on the right at 60 degrees; 45 degrees on the left. Her clonus was absent, with the MRI having been reviewed from 06/06/2014. She was assessed with sciatica and an L4-5 and L5-S1 protrusion.

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

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

#### **Lumbar Decompression L4-S1 micro decompression: 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): 306.

**Decision rationale:** According to the California MTUS/ACOEM Guidelines, although the injured worker did have a noted 4 mm protrusion at the L4-5 intervertebral disc level, without having any significant findings on the MRI pertaining to the L5-S1 level (with the MRI results indicating that the intervertebral disc appeared normal at the L5-S1, with no evidence of spinal canal or neural foraminal stenosis), the request in its entirety is not considered a medical necessity, as the injured worker must have corroborating imaging studies with her exam findings. Therefore, the request cannot be supported at this time.

#### **Associated surgical service: Inpatient 1 day length of stay: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 Chapter, Hospital Length of Stay (LOS)

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

#### **Associated surgical service: Medical clearance consisting of CBC, chemistry panel, EKG, and chest X-ray: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 Chapter, Preoperative Laboratory Testing, Preoperative EKG, and Preoperative Testing (General)

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

**Associated surgical procedure: Intra operative monitor:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 Chapter, Intraoperative neurophysiological monitoring (during surgery)

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