

<b>Case Number:</b>	CM14-0190160		
<b>Date Assigned:</b>	11/21/2014	<b>Date of Injury:</b>	07/28/2008
<b>Decision Date:</b>	02/25/2015	<b>UR Denial Date:</b>	11/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2014

### 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: 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:

The injured worker is a 34-year-old female who reported an injury on 07/28/2008. The mechanism of injury was not stated. The current diagnoses include cervical radiculopathy, lumbar radiculopathy, chronic pain, and fibromyalgia. The injured worker presented on 09/05/2014 with complaints of 8/10 lower back pain with spasm and radiating pain in the bilateral lower extremities. Previous conservative treatment is noted to include chiropractic therapy, acupuncture, epidural steroid injection, facet injection, and medication management. The current medication regimen includes Norco 10/325 mg, orphenadrine 100 mg, gabapentin 600 mg, and baclofen 20 mg. Upon examination, there was tenderness to palpation of the lumbar spine with spasm and limited range of motion. There was decreased sensation at the right L3, L4, and L5 dermatomes. There was diminished motor strength in the bilateral lower extremities. Treatment recommendations at that time included continuation of the current medication regimen. A Request for Authorization form was not submitted for this review. It is noted that the injured worker underwent an MRI of the lumbar spine on 10/01/2014, which revealed evidence of degenerative disc disease with facet arthropathy and retrolisthesis at L3-4 and L5-S1, canal stenosis at L3-5, and neural foraminal narrowing at L4-S1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Microlumbar Decompression Bilateral L5-S1: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Discectomy/laminectomy

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Discectomy/Laminectomy.

**Decision rationale:** California MTUS ACOEM Practice Guidelines state a "referral for surgical consultation may be indicated for patients who have severe and disabling lower extremity symptoms; activity limitation for more than 1 month; clear clinical, imaging, and electrophysiologic evidence of a lesion; and failure of conservative treatment." The Official Disability Guidelines state "prior to a discectomy/laminectomy, there should be documentation of radiculopathy upon examination. Imaging studies should reveal nerve root compression, lateral disc rupture, or lateral recess stenosis. Conservative treatments should include activity modification, drug therapy, and epidural steroid injection. There should also be evidence of a referral to physical therapy or manual therapy." According to the documentation provided, the injured worker has decreased sensation in the L3, L4, and L5 dermatomes with diminished motor strength in the right extensor hallucis longus. Additionally, there is imaging evidence of a broad based disc bulge with central protrusion at L5-S1 causing severe right neural foraminal narrowing. Given the injured worker's exhaustion of conservative treatment and positive imaging and physical examination findings, the medical necessity for a bilateral microlumbar decompression at L5-S1 has been established in this case. As such, the request is medically necessary at this time.

**Associated surgical service: Pre-operative medical clearance:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Agency for Healthcare Research and Quality, Perioperative protocol. Health care protocol and <http://www.guideline.gov/content.aspx?id=48408>

**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 testing, general

**Decision rationale:** The Official Disability Guidelines state, "the decision to order preoperative testing should be guided by the patient's clinical history, comorbidities, and physical examination findings." There is no documentation of a significant medical history or any comorbidity in this case. The medical necessity for the requested preoperative testing has not been established; therefore, the request is not medically necessary.

**Associated surgical service: Pre-operative EKG (electrocardiogram):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Preoperative electrocardiogram (ECG)

**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 testing, general

**Decision rationale:** The Official Disability Guidelines state, "the decision to order preoperative testing should be guided by the patient's clinical history, comorbidities, and physical examination findings." There is no documentation of a significant medical history or any comorbidity in this case. The medical necessity for the requested preoperative testing has not been established; therefore, the request is not medically necessary.

**Associated surgical service: Pre-operative Chest x-ray: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, preoperative lab testing

**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 testing, general

**Decision rationale:** The Official Disability Guidelines state, "the decision to order preoperative testing should be guided by the patient's clinical history, comorbidities, and physical examination findings." There is no documentation of a significant medical history or any comorbidity in this case. The medical necessity for the requested preoperative testing has not been established; therefore, the request is not medically necessary.

**Associated surgical service: Pre-operative Labs: Chem. Panel, CBC (complete blood count), APTT (activated partial thromboplastin time), PT (prothrombin time), Blood Typing & Screening: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, preoperative lab testing

**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 testing, general

**Decision rationale:** The Official Disability Guidelines state, "the decision to order preoperative testing should be guided by the patient's clinical history, comorbidities, and physical examination findings." There is no documentation of a significant medical history or any comorbidity in this

case. The medical necessity for the requested preoperative testing has not been established; therefore, the request is not medically necessary.

**Associated surgical service: Pre-operative UA (urinalysis): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, preoperative lab testing

**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 testing, general

**Decision rationale:** The Official Disability Guidelines state, "the decision to order preoperative testing should be guided by the patient's clinical history, comorbidities, and physical examination findings." There is no documentation of a significant medical history or any comorbidity in this case. The medical necessity for the requested preoperative testing has not been established; therefore, the request is not medically necessary.