

<b>Case Number:</b>	CM14-0192688		
<b>Date Assigned:</b>	11/26/2014	<b>Date of Injury:</b>	10/27/1975
<b>Decision Date:</b>	01/23/2015	<b>UR Denial Date:</b>	11/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2014

### 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 59-year-old male who was injured on 10/27/1975. There is a history of low back pain as well as neck pain and severe osteoarthritis of both knees. He underwent anterior cervical discectomy and fusion at C4-5 and C5-6 in 2007. The low back pain radiates down the right lower extremity. Straight leg rising is negative and there is no neurologic deficit documented in the lower extremities. MRI scan of the lumbosacral spine was performed on May 1, 2014. The report indicates "worsening of L2-3, L3-4, and L4-5 spondylostenosis when compared with 4/23/2007. No soft disc herniation demonstrated. Severe biforaminal impingement at L5-S1 unchanged compared to the previous exam. Left paracentral disc protrusion at L1-2 also unchanged". X-rays of the lumbosacral spine revealed "severe spondylosis and mid lumbar spine levoscoliosis, severe disc space narrowing left L3-4 and right L4-5 contributes to the coronal curvature, L5-S1 and appears to have increased angulation with flexion/extension compared to other levels". X-rays of both knees were reported to show severe osteoarthritis. On 9/24/14 the injured worker reported pain in both knees for over 10 years. The right side was severe with a rating of 8/10 and the left side was 5/10. Symptoms were worse with activity, when sitting, while walking and when climbing stairs. The right knee was injected with steroids. On 10/7/2014 right L4-5 and L5-S1 facet injections were given. This was reported to give him 2 days of near complete relief. On 11/3/2014 he reported that the cortisone injection into the right knee only gave him 3 hours of relief. Pain level was 8/10. The disputed requests pertain to laminectomy, foraminotomy right L4-5, bilateral facet rhizotomies, L4-5 and L5-S1, and a lumbar orthosis. These requests were noncertified by utilization review as there was no imaging evidence of nerve root compromise at the L4-5 level, no evidence of medial branch blocks having been performed, and no evidence of documented instability, compression fractures or spondylolisthesis to support the use of a back brace.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Laminectomy, Foraminotomy right L4, L5: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 12 Low Back Complaints Page(s): 305,306.

**Decision rationale:** California MTUS guidelines indicate surgical considerations for severe and disabling lower leg symptoms in the distribution consistent with abnormalities on imaging studies, preferably with accompanying objective signs of neural compromise. There is no evidence of nerve root compression at L4-5 to support the laminectomy and foraminotomy on the right. He has advanced osteoarthritis of the right knee with 8/10 pain level reported in the right leg and there is no evidence that the right lower extremity pain is radicular in nature. Electromyography has not been performed and there is no electrophysiological evidence of nerve root compromise. Based upon guidelines the request for laminectomy and foraminotomy at L4-5 on the right is not supported and as such the medical necessity for this surgery is not substantiated.

### **Rhizotomy bilateral L4-5: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints Page(s): 300-1.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300,301.

**Decision rationale:** California MTUS guidelines indicate there is no good quality medical literature regarding radiofrequency neurotomy of facet joint nerves in the lumbar region. Lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. ODG guidelines indicate facet joint radiofrequency neurotomy is under study with conflicting evidence available as to the efficacy of the procedure. The available documentation does not indicate that medial branch blocks have been performed. Without the confirmatory blocks with 80% pain relief, the guidelines do not recommend radiofrequency neurotomies as requested. As such, the medical necessity of the requested procedure is not substantiated.

### **(Associated Surgery Services) Lumbar Orthosis-Sagittal control with rigid anterior and posterior panels-posterior extends form L1 to below L5: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

**Decision rationale:** California MTUS guidelines indicate lumbar supports have not been shown to have any lasting benefit beyond the acute phase of this symptom relief. The brace as requested is for associated surgery services. The surgery is not medically necessary and therefore the associated brace is also not medically necessary.