

Case Number:	CM14-0212942		
Date Assigned:	04/07/2015	Date of Injury:	09/08/2013
Decision Date:	05/06/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	12/19/2014

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: Illinois, California, 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 36-year-old male who sustained an industrial injury on 9/18/13. Injury occurred when he was kicked by a patient being restrained. Conservative treatment had included anti-inflammatory medications, muscle relaxants, hydrotherapy, home exercise program, facet and medial branch blocks, epidural steroid injection, and physical therapy. The 10/17/14 initial orthopedic spine surgeon report cited constant grade 8/10 low back pain radiating to the buttocks, posterior outer thighs, to the feet. Physical exam documented mild to moderate loss of range of motion, positive right lower extremity radicular signs, positive straight leg raise, decreased right lower extremity sensation, and 4/5 extensor hallucis longus weakness. The diagnosis was right lower extremity radiculopathy, low back pain, and L4/5 disc herniation and stenosis. The treatment plan recommended an updated MRI. The 10/28/14 lumbar MRI findings documented a 50% decrease in disc height at L4/5 with 2-3 mm anterolisthesis. There was a 3 mm pseudo and/or true posterior disc bulge with encroachment on the thecal sac more particularly on the foramina bilaterally. There was compromise of the exiting nerve roots bilaterally, but not definitely on the traversing nerve roots. There is a 4-5 mm anterior disc protrusion at L4/5, and satisfactory facet joints. At L5/S1, there was 30% decrease in disc height, 3 mm posterior disc bulge, and encroachment on the foramina with compromise of the exiting nerve roots bilaterally. The facet joints are mildly arthritic. The 11/13/14 orthopedic surgeon report documented review of the 10/28/14 lumbar spine MRI. There was significant degenerative disc disease and disc collapse at L4/5 with 50% loss of height and Modic endplate changes. There was compromise of the exiting nerve roots bilaterally. The injured worker had exhausted

extensive non-surgical treatment. Authorization was requested for lumbar decompression and stabilization at L4/5. The 12/15/14 utilization review non-certified the request for lumbar decompression L4/5 as there was no MRI report to confirm significant acquired stenosis and no exam findings of numbness in a dermatomal distribution.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar decompression L4-L5: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back $i\frac{1}{2}$ Lumbar & Thoracic, Discectomy/Laminectomy.

Decision rationale: The California MTUS recommend surgical consideration when there is severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise. Guidelines require clear clinical, imaging and electrophysiologic evidence of a lesion that has been shown to benefit both in the short term and long term from surgical repair. Official Disability Guidelines recommend criteria for decompression surgery (lumbar discectomy and laminectomy) that includes symptoms/findings that confirm the presence of radiculopathy and correlate with clinical exam and imaging findings. Guideline criteria include evidence of nerve root compression, imaging findings of nerve root compression, lateral disc rupture, or lateral recess stenosis, and completion of comprehensive conservative treatment. Guideline criteria have been met. Guideline criteria have been met. This patient presents with persistent function-limiting low back and lower extremity pain and weakness. Clinical exam findings of radiculopathy are consistent with imaging evidence of nerve root compression. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary. Therefore, this request is medically necessary.

Pre op clearance: Overturned

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 Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2010 Jun. 40 p.

Decision rationale: The California MTUS guidelines do not provide recommendations for pre-operative medical clearance. Evidence based medical guidelines indicate that a basic pre-operative assessment is required for all patients undergoing diagnostic or therapeutic procedures.

Guideline criteria have been met based on the long-term use of non-steroidal anti-inflammatory drugs, magnitude of surgical procedure, recumbent position, fluid exchange and the risks of undergoing anesthesia. Therefore, this request is medically necessary.