

<b>Case Number:</b>	CM15-0003623		
<b>Date Assigned:</b>	01/14/2015	<b>Date of Injury:</b>	08/09/2011
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	12/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2015

### 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: Minnesota, Florida  
 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:

This 48 year old male sustained an industrial injury via cumulative trauma on 8/9/11 with subsequent low back pain. Treatment included medications and L3-4 and L4-5 discectomy and fusion. The most recent magnetic resonance imaging (8/14/14) showed status post laminectomy and discectomy at L3-4 and L4-5 with anterior fusion procedure without residual central spine canal or neural foraminal compromise. X-rays of the lumbar spine (11/7/14) showed a solid fusion at L3-5. Electrodiagnostic study (9/10/14) showed left L5 and right L5-S1 radiculopathy. In a PR-2 dated 12/13/14, the injured worker reported that his pain and flexibility had generally improved and that he was no longer relying on any medications. The injured worker complained of a lot of back stiffness. The physician noted that the injured worker still suffered from radicular symptoms. Physical exam was remarkable for lumbar spine range of motion to forward flexion at 45 degrees and extension at 10 degrees with limited side bending. Motor strength was 5/5 throughout with the exception of weakness performing 10 repetitive heel toe raises. Sensory exam was intact. Current diagnoses included postlaminectomy syndrome of the lumbar spine and displacement of lumbar intervertebral disc without myelopathy. Work status was permanent and stationary. The treatment plan included total facetectomy and aggressive foraminotomy with subarticular decompression (unspecified), sleep study and stress echocardiogram. On 12/31/14, Utilization Review noncertified a request for total facetectomy and aggressive foraminotomy with subarticular decompression (unspecified), sleep study and stress echocardiogram. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Total Facetectomy and Aggressive Foraminotomy with Subarticular Decompression (unspecified level): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM 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 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 one month or extreme progression of lower leg symptoms, clear clinical, imaging, and electrophysiologic 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 direct methods of nerve root decompression include laminotomy, standard discectomy, and laminectomy. MRI scan of the lumbar spine dated 8/14/2014 revealed status post laminectomy and discectomy at L3-4 and likely at L4-5 with anterior fusion procedure. There is no residual central spinal canal or neural foraminal compromise. EMG and nerve conduction study dated 9/10/2014 revealed right L5-S1 and left L5 radiculopathy. X-rays of the lumbar spine dated 11/7/2014 revealed a solid fusion from L3-L5. The fusion procedure had been performed on 7/29/2013. A request for total facetectomy and aggressive foraminotomy with subarticular decompression at an unspecified level, a complete neurologic examination was not submitted. There is no documentation of L3 or L4 radicular symptomatology or objective findings originating at the L3-4 level to determine medical necessity for a total facetectomy and aggressive foraminotomy. The request as stated does not specify the level of the requested surgery. As such, the medical necessity of the request is not substantiated.

**Associated surgical service: Sleep Study, QTY: 1: 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)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Section: Pain, Topic: Insomnia, Polysomnography

**Decision rationale:** Sleep studies are recommended after at least 6 months of insomnia complaints. The documentation does not indicate 6 months of insomnia. This was requested prior to surgery. As the surgery is not medically necessary, the sleep study is also not medically necessary.

**Associated surgical service: Stress Echocardiogram, QTY: 1: 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 EKG

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Section: Low Back, Topic: Preoperative electrocardiogram.

**Decision rationale:** The requested surgery is not medically necessary. Therefore the request for pre-operative stress echocardiogram is also not medically necessary.