

Case Number:	CM15-0108945		
Date Assigned:	06/15/2015	Date of Injury:	09/14/2011
Decision Date:	07/14/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	06/05/2015

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: 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 30-year-old male who sustained an industrial injury on 9/14/11. Injury occurred relative to driving a forklift over uneven surfaces with constant bouncing. Past surgical history was positive for right L4/5 and L5/S1 laminoforaminotomy and L5/S1 microdiscectomy on 5/9/12. The 4/25/14 lumbar spine MRI revealed a right lateral recess disc protrusion at L5/S1 that compressed the descending right S1 nerve root, and post-surgical changes of right hemilaminotomy at L4. Findings documented minimal retrolisthesis of L4 on L5 and a disc protrusion or superimposed mild right foraminal disc protrusion. There was atrophic appearance to the right aspect of the ligamentum flavum likely related to the right-sided hemilaminotomy, and moderate right and mild to moderate left neuroforaminal stenosis. The 4/9/15 spinal surgeon initial report cited low back and severe right leg pain. The injured worker underwent lumbar surgery on 5/9/12 and woke up with numbness in the dorsal aspect of the right foot and increasing right leg pain. He had undergone several epidural steroid injections, physical therapy, and activity modification. Current complaint included pain in the right buttock, posterior thigh, popliteal region, and calf with tingling and numbness on the dorsal right foot, and right leg weakness. Pain was aggravated by sitting or driving more than an hour. Functional difficulty was reported in activities of daily living, sneezing, and coughing. Pain was relieved with Norco, stretching, walking, or lying down. Physical exam documented ability to walk on heels and toes with right leg pain. He had severe right leg pain between 0-20 degrees of active lumbar extension. Flexion was tolerated to 60 degrees. Sciatic nerve stretch and straight leg raise was positive. There was 5/5 lower extremity strength. Sensation was decreased over the right L5 and

S1 dermatomes, toes were down going, patellar reflex was 2+ right and absent left, and Achilles reflex was trace on the right and 1+ on the left. The 4/25/14 lumbar spine MRI was reviewed and showed residual right sided fracture at L4/5 secondary to facet hypertrophy and ligamentum flavum buckling. There was also a right L5/S1 paracentral disc herniation with dorsal displacement of the right S1 nerve root and significant right L5/S1 foraminal stenosis. The treatment plan recommended a repeat right L4/5 and L5/S1 more extensive laminectomy, partial facetectomy and discectomy given his predominantly right leg pain. An updated lumbar MRI with and without contrast was requested for surgical planning. Authorization was requested for 2-day inpatient posterior lumbar right L4/5 and L5/S1 laminectomy, partial facetectomy and discectomy. The 5/4/15 utilization review non-certified the request for posterior lumbar right L4/5 and L5/S1 laminectomy, partial facetectomy and discectomy as the provider was requesting an updated MRI and there was a lack of clear objective findings of significant neurologic deficits at the L4/5 level. The request for a 2-day inpatient stay was noted to exceed guideline recommendations for laminectomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 Day inpatient posterior lumbar right at L4-5, L5-S1 Laminectomy, Partial Facetectomy and Discectomy: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation, Low Back. Hospital Length of Stay.

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 & Lumbar & Thoracic: Discectomy/Laminectomy; Hospital length of stay (LOS).

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. The guidelines recommend that clinicians consider referral for psychological screening to improve surgical outcomes. The Official Disability Guidelines recommend criteria for lumbar discectomy that include 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. The California MTUS does not provide recommendations for hospital length of stay. The Official Disability Guidelines recommend the median length of stay (LOS) based on type of surgery, or best practice target LOS for cases with no complications. The recommended median length of stay of lumbar laminectomy is 2 days with best practice target length of stay of 1 day. Guideline criteria have been met. This injured worker presents with low back and severe right lower extremity pain. Significant functional limitations are documented. Clinical exam findings have been consistent since the prior surgery with imaging evidence of nerve root compression at L5/S1 and

plausible neural compression at L4/5. Evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. A request for a 2-day length of stay is consistent with the median length of stay for this procedure. Therefore, this request is medically necessary.