

<b>Case Number:</b>	CM15-0131546		
<b>Date Assigned:</b>	07/17/2015	<b>Date of Injury:</b>	03/10/2013
<b>Decision Date:</b>	08/21/2015	<b>UR Denial Date:</b>	06/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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(n) 50 year old male, who sustained an industrial injury on 3/10/13. He reported pain in his neck, lower back and bilateral wrists. The injured worker was diagnosed as having lumbar myoligamentous injury with bilateral lower extremity radiculopathy, cervical myoligamentous injury and bilateral carpal tunnel syndrome. Treatment to date has included a lumbar epidural injection x 2 in 2014 with temporary relief, an EMG on 11/24/14 showing L5 radiculopathy, a lumbar MRI on 6/19/14 showing a 5mm herniated disc at L4-L5 and a 3.5mm herniated disc at L5-S1, Norco, Anaprox, Neurontin and medical marijuana. As of the PR2 dated 6/9/15, the injured worker reports continued lower back pain. He rates his pain an 8/10. Objective findings include decreased lumbar range of motion and numerous palpable trigger points. The treating physician requested a lumbar spine decompression.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Spine Decompression:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**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 on Discectomy laminectomy.

**Decision rationale:** The patient presents with low back pain rated 8/10 radiating to both legs in the same intensity. The request is for LUMBAR SPINE DECOMPRESSION. The request for authorization is dated 06/09/15. MRI of the lumbar spine, 06/17/14, shows at L4-5, 4.9-mm broad based disc protrusion combined with facet ligamentum flavum hypertrophy produces spinal canal narrowing and bilateral neural foraminal narrowing. At L5-S1, 3.3-mm disc protrusion and facet hypertrophy produces neural foraminal narrowing. There is impingement on the L5 exiting nerve root. Posterior annular tear/fissures. EMG/NCV of the bilateral lower extremities, 11/25/14, shows mild acute L5 radiculopathy on the left which is intermixed with a significant peripheral neuropathy. Physical examination of the posterior lumbar musculature reveals tenderness to palpation bilaterally with increased muscle rigidity. There are numerous trigger points that are palpable and tender throughout the lumbar paraspinal muscles. The patient has decreased range of motion with obvious muscle guarding. Sensory exam with Wartenberg pinprick wheel was decreased along the posterolateral thigh and posterolateral calf in approximately L5-S1 distribution. The straight leg raise in the modified sitting position is positive at 60 degrees bilaterally. The right foot-drop still persists and he perceives weakness in both legs. He had two lumbar epidural steroid injections with only temporary relief. He also received two weeks of benefit following trigger point injections which enables him to be more functional and sleep better at night. Patient's medications include Norco, Anaprox, Prilosec, Neurontin and Medicinal Marijuana, per progress report dated 05/12/15, the patient to remain off-work. ODG Guidelines under the Low Back chapter on Discectomy/laminectomy states, Recommended for indications below. Surgical discectomy for carefully selected patients with radiculopathy due to lumbar disc prolapse provides faster relief from the acute attack than conservative management, although any positive or negative effects on the lifetime natural history of the underlying disc disease are still unclear. Unequivocal objective findings are required based on neurological examination and testing. ODG indications for surgery include: symptoms/finding which confirm the presence of radiculopathy; objective findings on examination need to be present; imaging studies correlate between radicular findings on radiologic evaluation and physical exam findings, and all of the listed conservative treatments (NSAID, muscle relaxants, etc.). Per progress report dated 06/09/15, treater's reason for the request is "to relieve his foraminal stenosis and the foot drop." Physical examination of the posterior lumbar musculature reveals tenderness to palpation bilaterally with increased muscle rigidity. There are numerous trigger points that are palpable and tender throughout the lumbar paraspinal muscles. The patient has decreased range of motion with obvious muscle guarding. Sensory exam with Wartenberg pinprick wheel was decreased along the posterolateral thigh and posterolateral calf in approximately L5-S1 distribution. The straight leg raise in the modified sitting position is positive at 60 degrees bilaterally. MRI of the lumbar spine, 06/17/14, shows at L4-5, 4.9-mm broad based disc protrusion combined with facet ligamentum flavum hypertrophy produces spinal canal narrowing and bilateral neural foraminal narrowing. At L5-S1, 3.3-mm disc protrusion and facet hypertrophy produces neural foraminal narrowing. There is impingement on the L5 exiting nerve root. Posterior annular tear/fissures. EMG/NCV of the bilateral lower extremities, 11/25/14, shows mild acute L5 radiculopathy on the left which is intermixed with a significant peripheral neuropathy. In this case, treater has documented

radiculopathy, supported with positive findings on physical examination, and corroborated with MRI imaging and EMG/NCV study. The request appears reasonable and within guidelines indication. Therefore, the request IS medically necessary.