

<b>Case Number:</b>	CM15-0134270		
<b>Date Assigned:</b>	07/22/2015	<b>Date of Injury:</b>	11/29/2006
<b>Decision Date:</b>	09/15/2015	<b>UR Denial Date:</b>	06/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2015

### 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: 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 53 year old male, who sustained an industrial injury on November 29, 2006. The initial symptoms reported by the injured worker are unknown. The injured worker was diagnosed as having junctional spinal stenosis L4-5. Treatment to date has included injection, physical therapy and medication. On May 28, 2015, the injured worker complained of worsening back pain with associated right lower extremity radiculopathy. The pain worsens with prolonged sitting, bending, stooping or lifting. Conservative measures were noted to not help his symptoms. Exam demonstrates normal upright posture. There are no nerve root tension signs for radicular pain past the knee. There is a positive straight leg raise test for back and buttock pain. Mild weakness is noted in the right EHL. The treatment plan included lumbar decompression at the L4-5 level. On June 16, 2015, Utilization Review non-certified the request for lumbar laminectomy without fusion L4-5, physical therapy twelve visits, lumbar sleep brace and pre-op medical clearance, citing California MTUS ACOEM and Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar laminectomy w/out fusion L4-5: 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; AMA guides 5th Edition pages 382-383.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

**Decision rationale:** CA MTUS/ACOEM Low back complaints, pages 308-310 recommends surgical consideration for patients with persistent and severe sciatica and clinical evidence of nerve root compromise if symptoms persist after 4-6 weeks of conservative therapy. According to the ODG Low Back, discectomy/laminectomy criteria, discectomy is indicated for correlating distinct nerve root compromise with imaging studies. In this patient the exam note from 5/28/15 demonstrates a clear lumbar radiculopathy in an L5 pattern consistent with the imaging findings. In addition the patient has failed non-operative therapy. Therefore the guideline criteria have been met and determination is medically necessary.

**Associated surgical service: Physical therapy 12 visits, 2 per week over 6 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25-26.

**Decision rationale:** Per the CA MTUS/Post-Surgical Treatment Guidelines, pages 25-26 recommend the following: Intervertebral disc disorders without myelopathy: Postsurgical treatment (discectomy/laminectomy): 16 visits over 8 weeks. Postsurgical physical medicine treatment period: 6 months. In this case the claimant the request exceeds the 1/2 of 16 initially recommended by the guidelines. Therefore the determination is not medically necessary.

**Associated surgical service: lumbar sleep brace:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

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

**Decision rationale:** CA MTUS/ACOEM guidelines, Chapter 12, page 301 states, "lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." Therefore the request does not meet recommended guidelines and determination is not medically necessary.

**Pre-operative medical clearance:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low back, Preoperative testing.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of preoperative clearance and testing. ODG, Low back, Preoperative testing general, is utilized. This chapter states that preoperative testing is guided by the patient's clinical history, comorbidities and physical examination findings. ODG states, "These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity." The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Electrocardiography is recommended for patients undergoing high risk surgery and that undergoing intermediate risk surgery who have additional risk factors. Patients undergoing low risk surgery do not require electrocardiography. Based on the information provided for review, there is no indication of any of these clinical scenarios present in this case. In this case the patient is a healthy 53 year old without comorbidities or physical examination findings concerning to warrant preoperative testing prior to the proposed surgical procedure. Therefore the determination is not medically necessary.