

<b>Case Number:</b>	CM15-0145968		
<b>Date Assigned:</b>	08/06/2015	<b>Date of Injury:</b>	02/26/2014
<b>Decision Date:</b>	09/09/2015	<b>UR Denial Date:</b>	07/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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:

This injured worker is a 47-year-old male who sustained an industrial injury on 2/26/14. Injury occurred when he was driving a tractor skip loader and the automatic brakes engaged, stopping the tractor and jerking him forward. Past medical history was negative. Social history was positive for smoking. Conservative treatment included activity modification, medication, physical therapy, chiropractic, acupuncture, bracing, and epidural steroid injections. Records documented the 6/25/14 lumbar spine MRI findings to include mild to moderate degenerative at L4/5, and mild disc degeneration at L3/4. There was a 3 mm broad-based disc protrusion at L4/5 resulting in moderate lateral recess stenosis with potential for impinging the traversing L5 nerves bilaterally, and mild to moderate foraminal stenosis. There was a 2.5 to 3 mm broad-based disc protrusion at L3/4 with mild bilateral lateral recess and right foraminal stenosis. At L2/3, there was mild bilateral foraminal stenosis with 2-3 mm right and left posterolateral disc bulges at this level. There was a transitional L5 lumbar vertebra with broad-based right lateral L5 transverse process articulating with the superior margin of the right hemi-sacrum. The 1/28/15 lumbar spine x-rays with flexion/extension views showed partial sacralization of L5 and spondylosis at L4 and L5. Records documented that electrodiagnostic studies on 2/3/15 showed a normal lower extremity EMG study, and NCV findings were suggestive of bilateral tibial neuropathy and tarsal tunnel syndrome. The 4/24/15 treating physician report cited constant low back pain radiating into the bilateral lower extremities to the toes with spasms, numbness and tingling. Pain was increased with repetitive bending and stooping, and prolonged standing, sitting and walking. He had searing right leg pain with weakness and numbness. He was noted to be dragging his right leg. Physical exam documented antalgic gait, marked loss of range of motion, and inability

to do a single stance heel raise on the right, balance on his toes, or march on his toes. He was able to heel march. There was numbness over the posterior calf and lateral foot. There was at least 2 cm of gastrocnemius atrophy on the right, and 3-4/5 weakness. Straight leg raise was positive on the right. Right Achilles reflex was diminished. The treatment plan recommend laminectomy L4/5 and neuroforaminal decompression, instrumented fusion L4/5 and L5/S1, interbody fusion L4/5 and L5/S1, and surgical decompression for significant radiculopathy. Authorization was requested for outpatient laminectomy for the lumbar spine. The 7/7/15 utilization review non-certified the lumbar laminectomy as there was no specific level requested. It was unclear on the physical exam and notes as to what levels were requested relative to laminectomy. There had been a normal EMG.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Outpatient Laminectomy for the lumbar spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (20th annual edition) & ODG Treatment in Workers' Comp 13th annual edition, 2015, Low Back Chapter - Discectomy/ Laminectomy, Laminectomy/ laminotomy.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic, Discectomy/Laminectomy.

**Decision rationale:** The California MTUS state that surgical treatment for spinal stenosis is usually complete laminectomy. A decision to proceed with surgery should not be based solely on the results of imaging studies. Some evidence suggests that patients with moderate to severe symptoms may benefit more from surgery than from conservative treatment. The Official Disability Guidelines recommend criteria for lumbar laminectomy 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. Guideline criteria have not been met. This injured worker presents with significant function-limiting low back pain radiating into the right lower extremity with weakness, numbness and tingling. Clinical exam findings demonstrate sensorimotor deficit and reflex change consistent with nerve root compromise. Imaging findings documented nerve root impingement at the L4/5 level. Electrodiagnostic studies did not evidence lumbar radiculopathy. Evidence of long-term reasonable and/or comprehensive non-operative treatment and failure has been submitted. However, this request is non-specific and does not correlate with the treating physician's recommendation that includes fusion. Therefore, this request is not medically necessary.