

<b>Case Number:</b>	CM15-0147118		
<b>Date Assigned:</b>	08/10/2015	<b>Date of Injury:</b>	06/18/2013
<b>Decision Date:</b>	09/10/2015	<b>UR Denial Date:</b>	07/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2015

### 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 49-year-old male who sustained an industrial injury on 6/18/13. Injury was reported when he was bending at the waist and experienced excruciating pain when he straightened up. Past medical history was positive for diabetes mellitus. The 5/15/14 lumbar spine x-ray conclusion documented disc space narrowing and spondylosis. There was moderate to severe degenerative disc space narrowing at L5/S1, and mild disc space narrowing at the L3/4 and L4/5 levels. There was no intervertebral instability on flexion and extension views. The 8/14/14 electrodiagnostic study findings evidenced mild chronic right L4 and L5 radiculopathy, and very mild chronic left L5 radiculopathy. The 11/25/14 lumbar spine MRI impression documented the most significant findings were noted at L5/S1 where there was focal moderate to severe disc degeneration, facet arthropathy and endplate spondylosis resulting in moderate left and moderate to severe right foraminal stenosis. There was a 3-4 mm degenerative retrolisthesis at L5/S1. The 5/28/15 treating physician report cited low back pain radiating down the left leg with numbness and tingling. Pain seemed to be getting worse rather than better despite decreased activities and medications. Pain was grade 7/10 without medications, and 3-4/10 with medications. Physical exam documented difficulty standing erect, left sided muscle spasms, positive sitting straight leg raise, intact motor function, and ability to stand on heels and toes, squat and one leg stand. The diagnosis was chronic lower back pain with lower extremity radiculopathy. He had pain management with epidural injections, facet blocks, bracing and rest. Lumbar spine surgery was recommended based on a prior neurosurgical recommendation. Authorization was requested for laminectomy L5/S1, disc exploration foraminotomy and

evaluation of stability, pre-operative medical clearance, and unspecific length of stay. The 7/2/15 utilization review non-certified the L5/S1 laminectomy, disc exploration foraminotomy and evaluation of stability with associated surgical requests as the injured worker did not have disabling radicular symptoms, leg symptoms consistent with imaging findings, or evidence of conservative treatment. The 7/8/15 initial spine surgery report cited constant low back pain radiating down both legs to the heels, worse on the right. He reported numbness in the toes when he lies flat. He reported difficulty with activities of daily living. He reported significant pain relief with a prior epidural steroid injection, followed by less relief with subsequent injections. He denied any chiropractic, acupuncture or physical therapy. Further conservative treatment was recommended at this time, including medial branch block, chiropractic treatment, and a pain management consult.

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

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

**Lumbar Spine Surgery: Laminectomy L5-S1 (sacroiliac), Disc exploration foraminotomy and evaluation of stability:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

**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.

**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 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 persistent and function-limiting radicular lower back pain. Clinical exam findings are consistent with imaging and electrodiagnostic evidence of nerve root compression. However, there is no evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure. A current conservative treatment program has been prescribed. Surgical consideration is not indicated until comprehensive conservative treatment has been completed. Therefore, this request is not medically necessary at this time.

**Associated Surgical Services: Pre operative medical clearance:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Associated Surgical Services: LOS length of stay, duration unspecified:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.