

<b>Case Number:</b>	CM15-0193579		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	06/14/2013
<b>Decision Date:</b>	12/04/2015	<b>UR Denial Date:</b>	09/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2015

### 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 58 year old male who sustained an industrial injury on 06-14-2013. According to a progress report dated 03-26-2015, the injured worker had acupuncture and physical therapy on his lumbar spine. Documentation shows medication use has included acetaminophen, topical analgesics, Naproxen, narcotic analgesics and muscle relaxants. According to a progress report dated 10-22-2013, the injured worker had tried physical therapy and was initially "unresponsive" to conservative treatment (exercises, physical methods, nonsteroidal anti-inflammatory drugs and muscle relaxants). According to a progress report dated 08-12-2015, the injured worker continued to experience severe low back pain radiating down his legs more on the right than the left. He had an appointment scheduled for 08-21-2015 to discuss options for lumbar surgery. Past medical history included diabetes and hypertension. Medications included Amlodipine, Metformin, Atorvastatin, Metoprolol Succinate ER, Lisinopril, Acetaminophen, Prilosec, Norco as needed and Gabapentin. Objective findings included positive right leg Lasegue's and straight leg raise. Reflexes were 1 plus in symmetric. Lumbar spine was diffusely tender with mild spasm. He could flex forward to his fingertips to the level of his knees. Lateral tilt was 10 degrees bilaterally. Diagnoses included lumbago and multilevel lumbar degenerative disc disease and spondylosis. According to a progress report dated 08-21-2015, the injured worker was status post cervical spine surgery. He presented with a new complaint of lower back pain with right lower extremity pain. The injured worker reported that he attended acupuncture 6 times for his lumbar spine. He attended 2 classes of physical therapy but had to stop secondary to pain. Most recent MRI of the lumbar spine showed spondylotic B L4-5 and RL3-4 lateral recess stenosis contributed to by facet

arthropathy and smallish disc bulge; right sided stenosis "in my opinion about equal at L3-4 and L3-4". Assessment included status post C5-6 hardware removal, C4-5 PROD SC-C TDR and C6-7 anterior cervical disc fusion 7 days post-op and bilateral recess stenosis at the L3-4 and 4-5 level with chronic lower back pain and right lower extremity pain. Recommendations included therapy for the lumbar spine. The provider noted that the injured worker was a candidate for a right decompression at level L3-4 and 4-5 due to bilateral stenosis at these same levels. On 09-17- 2015, Utilization Review non-certified the request for right L3-4 and L4-5 microdiscectomy, associated surgical service: assistant surgeon and pre-op labs to include a complete blood cell count, comprehensive metabolic panel, PT and PTT.

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

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

#### **Right L3-4 and L4-5 Microdiscectomy: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Discectomy/laminectomy.

**Decision rationale:** CA MTUS/ACOEM Low back complaints, page 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 there is lack of demonstration from the exam note of 8/21/15 of failure of conservative care. Therefore the guideline criteria have not been met and the request is not medically necessary.

#### **Associated Surgical Service: Assistant Surgeon: 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.

#### **Pre-Op Labs CBC: 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.

**Pre-Op Labs CMP:** 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.

**Pre-Op Labs PT:** 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.

**Pre-Op Labs PTT:** 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.