

<b>Case Number:</b>	CM15-0193580		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	03/14/2014
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	09/24/2015
<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: New York, Montana, California  
 Certification(s)/Specialty: Neurological 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 26 year old male who sustained an industrial injury on 3-14-14. Diagnoses are lumbar spine disc protrusion 3.5mm and lumbar retrolisthesis L5-S1 5mm. In a supplemental report and request for authorization dated 9-8-15, the physician notes complaints of low back and left leg pain rated at 9 out of 10 with numbness and tingling (6-29-15 back pain was rated at 7 out of 10 and left leg and mid back was rated 6 out of 10). He also complains of left knee, foot and ankle pain rated at 9 out of 10. His condition is noted as worse and that he is taking more medication than before. He ambulates with a cane. The lumbar spine exam is noted for a positive straight leg raise on the left, muscle testing revealed 4 out of 5 strength with flexion, extension, and bilateral bending and he is unable to perform heel and toe walk. Range of motion was restricted due to pain. Decreased sensation at L5 dermatomes is noted. (EMG-NCV) electromyography-nerve conduction velocity studies of bilateral lower extremities 5-14-15 reveal prolonged left H-reflex suggesting left S1 radiculopathy, lumbosacral paraspinial needle exam is limited due to body habitus, and no evidence of peripheral neuropathy. The MRI-lumbar 5-14-15 is reported to reveal congenitally narrowed spinal canal on the basis of short pedicles from L3 through L5, there is a 5-mm retrolisthesis of L5 upon S1, no canal foraminal stenosis and no significant disc bulge or protrusions. Work status is to return to modified duties with restrictions. Previous treatment includes X-Ray lumbar spine (6-29-14), MRI lumbar spine (9-6-14 and 5-14-15), EMG-NCV of bilateral lower extremities (5-14-15), medication, home exercises, and chiropractic treatment. A request for authorization is dated 9-8-15. The requested treatment of lumbar posterior foraminotomy, laminectomy and microdiscectomy at L5-S1 and associated

surgical services of: preoperative clearance, post-operative physical therapy 3x4, lumbar brace, and cold therapy unit were not approved on 9-24-15.

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

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

#### **Lumbar posterior foraminotomy, laminectomy and microdiscectomy at L5-S1 inclusive:**

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 rationale:** The California MTUS guidelines recommend lumbar surgery when the patient has had severe persistent, debilitating, lower extremity complaints referable to a specific nerve root or spinal cord level corroborated by clear imaging, clinical examination and electrophysiological studies. Documentation does not provide this evidence. The guidelines note the patient would have failed a trial of conservative therapy. The guidelines note the surgical repair proposed for the lesion must have evidence of efficacy both in the short and long term. The requested treatment: Lumbar posterior foraminotomy, laminectomy and microdiscectomy at L5-S1 inclusive is not medically necessary and appropriate.

**Associated Surgical Service: Preoperative 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 Service: Post operative physical therapy, three times a week for four weeks:** 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 Service: Lumbar Brace:** 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 Service: Cold therapy unit:** 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.