

<b>Case Number:</b>	CM15-0198721		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	06/20/2014
<b>Decision Date:</b>	11/23/2015	<b>UR Denial Date:</b>	09/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2015

### 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 56-year-old male who sustained an industrial injury on 6/20/14. Injury occurred when he was coming down a ladder and the ladder slid out from under him. He fell nearly 12 feet onto a concrete slab, injuring his back, left wrist, left foot, and head. He underwent left knee arthroscopy with partial medial and lateral meniscectomy, chondroplasty of the patella, medial and femoral condyle, and lateral tibial plateau, excision of medial synovial plica, and removal of loose bodies on 12/2/14. Conservative treatment included physical therapy, epidural steroid injection, TENS unit, lumbar support, home exercise program, heat/ice, activity modification, and medications. The 9/12/14 lumbar spine MRI findings documented L4/5 moderately significant central canal stenosis secondary to facet joint hypertrophy, ligamentum flavum hypertrophy, and a 3 mm broad-based circumferential posterior disc osteophyte complex causing pressure over the anterior aspect of the thecal sac and encroaching into both neural foramina. There was pressure over the cauda equina and encroachment into both neural foramina with marked bilateral neuroforaminal narrowing and pressure over the bilateral L4 nerve roots. The 3/30/15 lumbar spine MRI conclusion documented compression fracture of the L1 vertebral body with 60% vertebral body loss noted within the mid to anterior portion. There were extensive spondylotic and end plate sclerotic changes. At L4/5, there was a 2-3 mm broad-based posterior disc protrusion effacing the ventral surface of the thecal sac resulting bilateral neuroforaminal narrowing and canal stenosis with facet joint hypertrophy, and bilateral exiting nerve root compromise. The 8/21/15 treating physician report cited continued symptoms. (records documented low back pain radiating into the left lower extremity). Physical exam documented paraspinal muscle and left knee tenderness to palpation. There was full lumbar range of motion, normal motor function, normal lower extremity deep tendon reflexes, and negative straight leg

raise. There was diminished sensation over the left L4 dermatome. Authorization was requested for L4/5 laminectomy with associated 3-day inpatient stay and post-op physical therapy twice weekly for 8 weeks (16 visits). The 9/17/15 utilization review non-certified the L4/5 laminectomy and associated inpatient stay and post-op physical therapy as there was no clinical information that directly correlated neurologic deficit with the radiographic pathology creating impairment, and no evidence of progressive neurologic deterioration, myelopathy, or instability. The 9/23/15 treating physician report appeal report documented diminished left L4 dermatomal sensation. The injured worker had the same on-going neurologic deficit. He had failed conservative treatment including anti-inflammatories, physical therapy, and injections for more than a year. His neurologic deficit was concordant with his MRI findings. An L4/5 decompression was recommended.

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

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

#### **L4-L5 Laminectomy: Overturned**

**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, 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 Official Disability Guidelines recommend criteria for lumbar discectomy 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 been met. This injured worker presents with persistent low back pain radiating into the left leg consistent with an L4 radiculopathy. Clinical exam findings are consistent with imaging evidence of nerve root compromise at the L4/5 level. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary.

#### **Associated surgical service: Inpatient Stay QTY #3: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Online Version, Hospital Length of Stay (LOS).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Lumbar & Thoracic: Hospital length of stay (LOS).

**Decision rationale:** The California MTUS does not provide hospital length of stay recommendations. The Official Disability Guidelines recommend the median length of stay (LOS) based on type of surgery, or best practice target LOS for cases with no complications. The recommended median length of stay for lumbar laminectomy is 2 days and best practice target is 1 day. The recommended mean length of stay for this procedure is 3.5 days. Guideline criteria have been met. This injured worker is undergoing an L4/5 decompression surgery. Guidelines would often support inpatient admission for 1 to 2 days, but a 3 day length of stay is still within the mean length of stay. Therefore, this request is medically necessary.

**Post-op physical therapy twice weekly lumbar spine QTY #16: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): Low Back.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): Low Back.

**Decision rationale:** The California Post-Surgical Treatment Guidelines for lumbar discectomy/laminectomy suggest a general course of 16 post-operative physical medicine visits over 8 weeks, during the 6-month post-surgical treatment period. An initial course of therapy would generally be supported for one-half the general course. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical period. This is the initial request for post-operative physical therapy and, although it exceeds recommendations for initial care, is within the recommended general course. Therefore, this request is medically necessary.