

<b>Case Number:</b>	CM15-0217800		
<b>Date Assigned:</b>	11/09/2015	<b>Date of Injury:</b>	09/23/2011
<b>Decision Date:</b>	12/21/2015	<b>UR Denial Date:</b>	10/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2015

### 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 45 year old male who sustained an industrial injury on 9/23/11. The mechanism of injury was not documented. Epidural steroid injections at left L4/5 and left L5/S1 were performed on 6/9/14. The 3/24/15 treating physician report cited grade 5/10 constant low back pain radiating down the right leg to the calf with numbness and tingling. He had difficulty with prolonged standing or walking, pushing, pulling, lifting, carrying, bending forward, twisting, or turning. He was using a back brace. Current medications included Norco and gabapentin. Lumbar spine exam documented toe/heel walk with difficulty, slight paravertebral muscle tenderness and spasms, slight sacroiliac joint tenderness, and moderate loss of range of motion with pain and spasms. Nerve tension signs were positive on the right. Motor strength was 4/5 over the bilateral L4/5 and right L5/S1 myotomes. Sensation was within normal limits. Imaging on 11/3/11 documented disc protrusions at the L3/4, L4/5, and L5/S1 levels. Referral for surgical consultation was recommended. The 8/13/15 lumbar spine MRI impression documented an L3/4 slightly asymmetric disc bulge and disc desiccation with moderate spinal canal stenosis, minimal posterior osteophytic ridging, and minimal neuroforaminal narrowing. At L4/5, there was a central disc protrusion and annular tear, as well as a broad disc bulge and disc desiccation. The spinal canal was mild to moderately stenosed and there was minimal neuroforaminal narrowing. At L5/S1, there was a central disc protrusion and disc desiccation without significant spinal canal stenosis. There was right paracentral and right neuroforaminal disc bulging, and minimal right neuroforaminal narrowing. There was minimal reactive discogenic edema on the right. There were tiny synovial cysts present posterior to the right facet

joint. The 9/30/15 treating physician chart notes documented severe low back pain radiating down both lower extremities with numbness and tingling. He reported he felt the same and was not working. Current medications included Norco and gabapentin. Lumbar spine exam documented normal posture and erect stance. There was lumbar paravertebral muscle tenderness and spasms, with positive trigger points. Gait was normal and heel/toe did not increase pain. The lower extremity neurologic exam documented normal reflexes, decreased sensation on the right, and 4/5 extensor hallucis longus and gastrocnemius weakness. X-rays were obtained and showed L3 through L5 degenerative disc disease. Imaging was reviewed and showed severe lumbar spinal stenosis at L3-L5. Given his radicular complaints, motor and sensory loss, and failed conservative treatment, including epidural injection, surgical intervention was recommended. Authorization was requested for lumbar laminectomy and discectomy at L3-L5 and pre-op clearance. The 10/13/15 utilization review non-certified the lumbar laminectomy and discectomy at L3-L5 and associated pre-op clearance as the specific non-operative treatments were not documented and guidelines criteria were not met.

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

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

#### **Lumbar laminectomy and discectomy at L3-L5: 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 Chapter.

**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: 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 been met. This injured worker presents with severe low back pain radiating into the right lower extremity with numbness and tingling. Functional difficulty precludes return to work. Clinical exam findings evidence motor and sensory deficits consistent with reported imaging evidence of significant L3-L5 spinal stenosis. Detailed evidence of long-term reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary.

**Pre-op clearance: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.guideline.gov](http://www.guideline.gov).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2010 Jun. 40 p.

**Decision rationale:** The California MTUS guidelines do not provide recommendations for pre-operative medical clearance. Evidence based medical guidelines indicate that a basic pre-operative assessment is required for all patients undergoing diagnostic or therapeutic procedures. Middle-aged males have known occult increased medical/cardiac risk factors. Guideline criteria have been met based on patient age, chronic opioid use, and the risks of undergoing anesthesia. Therefore, this request is medically necessary.