

<b>Case Number:</b>	CM15-0221282		
<b>Date Assigned:</b>	11/16/2015	<b>Date of Injury:</b>	06/29/2009
<b>Decision Date:</b>	12/29/2015	<b>UR Denial Date:</b>	11/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2015

### 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 61-year-old female who sustained an industrial injury on 6/29/09. Injury was reported relative to repetitive work trauma. Records documented she underwent initial spinal fusion in 2011 and revision lumbar surgery on 10/23/14. Conservative treatment has included physical therapy, medications, and activity modification. The 6/4/15 electrodiagnostic study impression documented chronic neurogenic changes in the right L5/S1 muscle suggestive of a chronic right L5/S1 radiculopathy. There was no acute denervation present. There was no evidence of a lumbosacral plexopathy, myopathy, peripheral neuropathy, or any other mononeuropathies on both lower extremities. The 6/9/15 neurosurgical report documented intermittent significant low back pain with constant severe right leg pain with numbness, tingling and weakness. She had moderate back pain but it was much less severe than her right leg pain. A new CT scan of the lumbar spine was reviewed and showed excellent position of all the instrumentation and hardware. There was on-going fusion at both L4/5 and L3/4. There was a mild bone spur anteriorly at the L4/5 disc space causing mild foraminal stenosis. MRI was recommended to assess for potential new disc herniation. The 10/1/15 lumbar spine MRI impression documented status post previous back surgery with laminectomy and transpedicular screws at the L3, L4, and L5 levels. There was a mild chronic compression fracture of L3 and L4 due to marked degenerative change of the opposing endplates, worse than 2009. There was mild degenerative change of the lumbar spine with no recurrent residual disc. At L4/5, the disc was desiccated. The disc space was preserved with no evidence of posterior disc bulge. There was no canal or foraminal stenosis seen. The 10/13/15 neurosurgical report cited on-going grade 7-8/10

low back pain radiating to the right leg with associated weakness, numbness and tingling. Pain decreased with rest and increased with activity. Physical exam documented use of a cane for ambulation. There was 4-/5 anterior tibialis, extensor hallucis longus, and gastroc weakness. Sensation was diminished over the right L5 and S1 dermatomes. Imaging showed a patent fusion at L3/4 and L4/5 with good positioning and instrumentation. There appeared to be a significant bone spur formation, ventrally and dorsally of the right L4/5 foramen affecting the L5 and S1 nerve roots. EMG showed a persistent injury to the L5 and S1 nerve roots with persistent injury to the L5 and S1 right-sided nerve roots. She had significant difficulty with walking, and driving. She was not able to return to work. The diagnosis was persistent injury to the right L5 and S1 nerve roots, right L4/5 foraminal stenosis from bony hyperostosis. Authorization was requested for right sided L4/5 revision foraminotomy and resection of bony hyperostosis. The 11/3/15 utilization review noncertified the requested right sided L4-5 revision foraminotomy and resection of bony hyperostosis as there was no evidence of acute findings on imaging at the L4/5 level on the recent MRI scan and negative findings on the electrodiagnostic studies for L4/5 pathology of an acute fashion.

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

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

**Right Sided L4-L5 Revision Foraminotomy and resection of bony hyperostosis:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

**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 guidelines recommend that clinicians consider referral for psychological screening to improve surgical outcomes. 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 and worsening severe right lower extremity pain, numbness, tingling, and weakness. There is significant functional loss precluding return to work. There is clinical exam evidence of motor and sensory deficits consistent with reported imaging evidence of nerve root compromise at the L4/5 level effecting the L5 and S1 nerve roots. There is electrodiagnostic evidence of L5/S1 radiculopathy. 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