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| <b>Case Number:</b>   | CM15-0036150 |                              |            |
| <b>Date Assigned:</b> | 03/04/2015   | <b>Date of Injury:</b>       | 12/31/2013 |
| <b>Decision Date:</b> | 05/01/2015   | <b>UR Denial Date:</b>       | 02/03/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/26/2015 |

### 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: Pediatrics, 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 54-year-old male who reported an injury on 12/31/2013. The mechanism of injury was not included. His diagnoses include abnormality of gait, lumbago, disturbance of skin sensation, thoracic or lumbosacral neuritis or radiculitis, unspecified. Past treatments have included epidural steroid injections and transforaminal epidural steroid injections, pain medications, physical therapy, electrodiagnostic testing, and H-Wave therapy. Diagnostic studies included an x-ray of the lumbar spine in flexion and extension on 01/12/2015, that indicated degenerative changes present, grade 1 anterolisthesis at L3-4 and L4-5, not significantly changed on flexion versus extension; grade 1 retrolisthesis of L1-2 slightly less on flexion, as compared to extension. An MRI of the lumbar spine was performed without contrast on 04/14/2014, with indication of L3-4 disc bulge measuring 1.4 mm, with facet changes and mild to moderate spinal stenosis; and mild left foraminal narrowing; L4-5 disc bulge measuring 2 mm, with short pedicles and moderate facet changes; moderate spinal stenosis; L5-S1 left sided osteophytic ridging and left sided foraminal narrowing. An MRI of the lumbar spine was performed on 10/15/2014 that indicated grade 2 degenerative spondylolisthesis at L3-4 and L4-5 with posterior disc protrusions at both levels, causing central and left lateral recess stenosis. At L5-S1, there was a left sided disc protrusion going into the left lateral recess, compressing the origin of the left S1 nerve root sleeve. His surgical history was noncontributory. The injured worker was seen on 02/26/2015 and had complaints of pain that he rated with medications at a 3/10 and without medications at an 8 /10. He stated he was able to comfortably walk and sit for 4 to 5 times longer with the medications than without. On physical exam, the injured worker

still had moderate swelling of the right foot. His spine was measured in range of motion at 90 degrees of forward flexion, 30 degrees of extension, 80 degrees of right rotation, and 45 degrees of left rotation. All movement causes lower mid back burning sensation. 2 muscle spasms of the left paraspinals at approximately T10 were noted. Medications included Butrans 10 mcg/hour, Norco 103/25, amitriptyline 10 mg, and ibuprofen 800 mg. His treatment plan included continuing pain medication, as he was receiving good pain relief at that time. The rationale for the request was pain control. The Request for Authorization form was not included.

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

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

**Lumbar decompressive laminectomies and discectomies (L3-4 and L4-5) with internal fixation and lumbar-sacroiliac (L5-S1) discectomy:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306-307. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back Procedure Summary.

**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, Discectomy/ laminectomy.

**Decision rationale:** The request for lumbar decompressive laminectomies and discectomies (L3-4 and L4-5) with internal fixation and lumbar sacroiliac (L5-S1) discectomy is medically necessary. The Official Disability Guidelines state that indications for surgery for discectomy/laminectomy include symptoms and findings which confirm presence of radiculopathy. Objective findings on examination need to be present. Straight leg raising, cross straight leg raising, and reflex exams should correlate with symptoms and imaging. As electrodiagnostic testing revealed evidence of a left L5-S1 radiculopathy, and the MRI findings indicated a disc bulge at L3-4 and L4-5, with mild left foraminal narrowing and moderate spinal stenosis, the L5-S1 left sided osteophyte ridging and left sided foraminal narrowing was also noted. However, the straight leg raise testing was negative, but he does have complaints of a burning sensation at the lower mid back; and a burning sensation with loss of sensation in the left anterior thigh about 9 to 10 cm above the patella. Given the grade II spondylosis, the request for lumbar decompressive laminectomies and discectomies at L3-4 and L4-5 with internal fixation and a lumbar sacroiliac L5-S1 discectomy is medically necessary.