

<b>Case Number:</b>	CM15-0045400		
<b>Date Assigned:</b>	03/17/2015	<b>Date of Injury:</b>	02/18/2014
<b>Decision Date:</b>	04/20/2015	<b>UR Denial Date:</b>	03/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2015

### 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: 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 37-year-old male who reported an injury on 02/18/2014. The documentation indicated the injured worker had exhausted physical therapy, pool therapy, and medication management over 12 months. The documentation of 02/10/2015 revealed the mechanism of injury was an all terrain vehicle versus tree accident. The injured worker was noted to have an MRI on 07/08/2014, which revealed protrusions at L4-5 and L5-S1 central left with corresponding left lower extremity radiculopathy. Surgical history was noncontributory. Medications were not provided. The physical examination revealed a motor strength of 4/5 in the left EHL and ankle inversion, eversion, dorsiflexion, and plantarflexion that was 90% of normal. The injured worker had mild diminished left heel walking, toe walking, heel to toe raising, and the tandem was noted to be off; however, the gait was normal. The physician was noted to have reviewed the MRI of 07/08/2014, and the sagittal view showed a high intensity zone with a small central disc herniation at L4-5 and at L5-S1 there appeared to be a larger extrusion, central with what appeared to be a small migration inferior on sagittal views behind the vertebral body of S1. The diagnoses included post-traumatic L5-S1 left central herniation with extruded fragment in the spinal canal with inferior behind the vertebral body of S1 with corresponding axial low back pain and radiculopathy and industrial related post-traumatic central L4-5 disc herniation with radiculopathy and chronic smoking since age 18, which was approximately 19 to 20 packs per year. The treatment plan included an L4-5 and L5-S1 laminectomy and discectomy. The official MRI revealed 4 mm to 5 mm of predominantly central disc bulging was present and there was a mild annular fissure centrally with mild lateral

recess narrowing, but no definite neural contact and only mild facet arthropathy. At L5-S1, there was mild facet arthropathy with predominantly central disc bulging of 4 mm to 5 mm with a small annular fissure without canal lateral recess or foraminal narrowing. The physician documented the MRI was under read. There was no Request for Authorization submitted for review.

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

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

#### **Laminectomy and discectomy L4-5, L5-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 305-307, 208. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

**Decision rationale:** The American College of Occupational and Environmental Medicine indicate a surgical consultation may be appropriate for injured workers who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies preferably with accompanying objective signs of neural compromise. There should be documentation of activity limitations due to radiating leg pain for more than 1 month or the extreme progression of lower leg symptoms, and clear clinical, imaging and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair and documentation of a failure of conservative treatment to resolve disabling radicular symptoms. The clinical documentation submitted for review indicated the injured worker had failed conservative care. However, the duration of conservative care was not provided. There was a lack of documentation of imaging and electrophysiologic evidence to support the necessity for a laminectomy and discectomy. There was a lack of documentation of spinal stenosis upon MRI or x-ray. Given the above, the request for laminectomy and discectomy L4-5, L5-S1 is not medically necessary.

#### **Hospital stay (x1 day): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**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.

#### **Assistant surgeon: 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.

**Intraoperative Neuromonitoring:** 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.

**Lumbar back brace:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**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.

**Cold therapy unit rental:** 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.