

Case Number:	CM15-0048307		
Date Assigned:	03/20/2015	Date of Injury:	10/17/2013
Decision Date:	05/06/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/13/2015

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:

The injured worker is a 48-year-old male with a reported date of injury of 9/17/02. Injury occurred when he fell backwards helping an autistic child out of the dental chair. He complained of neck and back pain. He was diagnosed with a large disc herniation at C5/6 with cord compression and underwent anterior cervical discectomy and fusion C5/6 on 7/25/14. Post-operative physical therapy was noted for the cervical spine through 2/10/15. The 12/11/14 lumbar spine MRI impression documented a 3-4 mm left greater than right disc bulge with a punctate left foraminal annular tear, moderate neuroforaminal and central stenosis. At L3/4, there was a 3-4 left greater than right disc protrusion with an annular tear with moderate left and mild right neuroforaminal encroachment, and moderate central canal stenosis with somewhat short pedicles. At L2/3 there was slight disc desiccation and somewhat short pedicles with anterior spondylosis, 2-3 mm rightward bulge with mild right neuroforaminal encroachment. The 1/6/15 treating physician report cited continued pain and discomfort in the low back radiating down the left leg with numbness and tingling. Physical exam documented moderate to marked loss of range of motion, with pain at end-ranges. There was tenderness over the sciatic notch. Straight leg raise was positive bilaterally. Neurologic exam documented 4/5 left tibialis anterior, extensor hallucis longus, and gastroc strength, 2+ and symmetrical patellar reflexes, 1+ and symmetrical Achilles reflexes, and decreased sensation in the L4 and L5 dermatomes. The diagnosis was spinal stenosis and radiculopathy. The treatment plan requested authorization for an L3/4 and L4/5 epidural steroid injection. The 2/3/15 treating physician report cited on-going low back pain radiating down the left lower extremity with numbness and tingling. Physical exam 4/5 left

quadriceps, tibialis anterior, and extensor hallucis longus strength, 1+ and symmetrical deep tendon reflexes, and decreased sensation in the L3 and L4 dermatomes. The diagnosis was spinal stenosis and radiculopathy. The injured worker was on medication and therapy without significant improvement. Authorization was requested for posterior lumbar laminectomy and foraminotomy L3/4 and L4/5. The 2/18/15 utilization review non-certified the request for posterior lumbar laminectomy and foraminotomy L3/4 and L4/5 as there was no documentation that conservative treatment had been exhausted citing indication that the injured worker was reported pending epidural steroid injection on 1/6/15. The 2/24/15 treating physician report cited on-going low back pain and discomfort radiating down the left leg with numbness and tingling. Physical exam documented 4/5 quadriceps and tibialis anterior weakness, 2+ patellar reflexes, 1+ Achilles reflexes, and decreased sensation in the L3 and L4 dermatomes. The treating physician report stated the injured worker had exhausted conservative treatment and there was nothing to offer short of surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Posterior lumbar laminectomy and foraminotomy L3-4 and L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 305 and 306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 13th Edition (web), 2015, Low Back Discectomy/laminectomy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back i;½ 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 Guidelines generally recommend laminectomy for patients with spinal stenosis, and moderate to severe symptoms. Guidelines state that a decision to proceed with surgery should not be based solely on the results of imaging studies, rather on the patient's functional status. The Official Disability Guidelines recommend criteria for lumbar laminectomy and foraminotomy 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 not been met. This patient presents with ungraded low back discomfort and pain radiating down the left leg with numbness and tingling. There is no functional assessment (relative to the low back) documented. Physical exam documented symmetrical reflexes, and migratory myotomal weakness and dermatomal sensory loss. There is imaging evidence of moderate neuroforaminal and central stenosis at L3/4 and L4/5 with leftward disc protrusions

with annular tears. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. A recent epidural steroid injection was recommended but not provided, and recent physical therapy records indicate that treatment had been directed to the cervical spine for post-op rehabilitation. Therefore, this request is not medically necessary at this time.