

Case Number:	CM15-0051268		
Date Assigned:	03/24/2015	Date of Injury:	08/16/2013
Decision Date:	05/06/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/18/2015

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 female who sustained an industrial injury on 8/16/13. Injury occurred while she was moving a 50-pound box of apples, with acute onset of back and right leg pain. The 2/6/15 treating physician report cited persistent back pain radiating down her right buttock, posterior thigh, to the calf and foot with numbness, tingling, and weakness. Symptoms were aggravated by prolonged sitting and her foot fell sleeping when sitting. She noted urinary urgency but no incontinence. Physical exam documented normal gait, tentative right toe walk secondary to pain, mid-line lumbar and posterior superior iliac spine tenderness, limited lumbar extension, and reproduction of leg pain with extension. Lower extremity strength was intact, right Achilles reflex was absent, and there was numbness in the right S1 distribution. Right straight leg raise was positive. X-rays showed mild borderline scoliosis with no spondylolisthesis or pars defects. There was mild disc height narrowing or osteophytosis. The 12/10/13 MRI reportedly showed narrowing of the right lateral recess and moderate right foraminal stenosis with potential for compromise of the right S1 and exiting L5 nerve roots at L5/S1. The diagnosis was right L5 and S1 lumbar radiculopathy and lumbar stenosis. The injured worker had failed conservative management including observation, medications, physical therapy, acupuncture, and spinal injections. The treatment plan recommended right L5/S1 laminectomy and foraminotomy. The 2/17/15 utilization review non-certified the request for laminectomy and foraminotomy at the right L5/S1 and associated surgical services. The rationale for non-certification stated there was no indication of recent conservative treatment, no description of functional limitation, no recent imaging (MRI was 15 months old), and no description of

progressive neurologic deterioration, myelopathy, or spinal instability. The 3/23/15 lumbar spine MRI impression documented multilevel degenerative changes in the lumbar spine with minimal levoscoliosis of the lumbar spine with the apex center at L2 and a Cobb angle of 5 degrees. At L5/S1, there was moderate narrowing of the right lateral recess, and severe right and mild left neuroforaminal narrowing with encroachment on the right S1 nerve root in the right lateral recess and right L5 nerve root in the right neural foramen. There was mild spinal canal stenosis and moderate narrowing of both lateral recesses at the L4/5 level with encroachment on both L5 nerve roots in the lateral recesses.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgery Laminectomy Foraminotomy - Right (lumbar) L5-S1 (sacroiliac) Laminectomy & Foraminotomy: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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 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 in 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 decompression surgery 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 function-limiting low back pain radiating to the right lower extremity with numbness, tingling and weakness. Clinical exam findings are consistent with imaging evidence of L5 and S1 nerve root compromise. There is evidence of reasonable and comprehensive conservative treatment trial and failure. Therefore, this request is medically necessary.

Pre-Operative Medical Clearance, EKG (electrocardiogram), Labs (CBC - complete blood count, CHEM 7, PT prothombin time/INR - international normalized ratio, PTT - partial thromboplastin time, UA - urinalysis): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back and institute for Clinical Systems Improvement (ICSI) 2014 March, page 124.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. *Anesthesiology* 2012 Mar; 116(3): 522-38.

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. Guidelines indicate that most laboratory tests are not necessary for routine procedures unless a specific indication is present. Indications for such testing should be documented and based on medical records, patient interview, physical examination, and type and invasiveness of the planned procedure. EKG may be indicated for patients with known cardiovascular risk factors or for patients with risk factors identified in the course of a pre-anesthesia evaluation. Middle-aged females have known occult increased medical/cardiac risk factors. Guideline criteria have been met based on patient's age, long-term use of non-steroidal anti-inflammatory drugs, the magnitude of surgical procedure, recumbent position, fluid exchange and the risks of undergoing anesthesia. Therefore, this request is medically necessary.