| | | | |
|---|---|---|---|
| **Case Number:** | CM15-0055222 | | |
| **Date Assigned:** | 03/30/2015 | **Date of Injury:** | 05/26/2014 |
| **Decision Date:** | 05/05/2015 | **UR Denial Date:** | 03/05/2015 |
| **Priority:** | Standard | **Application Received:** | 03/23/2015 |

## 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 male who sustained an industrial injury on 5/26/14. Injury occurred when he slipped while opening a glass door and held onto the door handle, jerking backwards in an attempt to balance himself. Conservative treatment included chiropractic treatment and medications. The 6/26/14 lumbar MRI documented a 4 mm circumferential disc bulge at L4/5 with superimposed disc extrusion and cauda equina compression. There was moderate central canal stenosis, moderate foraminal compromise with flattening of the exiting L4 nerve roots, trefoil configuration of the thecal sac with moderate facet and ligamentum flavum hypertrophy present, and obliteration of the lateral recesses. There was a 4 mm L5/S1 posterior disc osteophyte complex resulting in flattening and borderline compression of the descending S1 nerve roots, moderate to severe foraminal compression with borderline impingement of the exiting L5 nerve roots, and moderate facet hypertrophy and ligamentum flavum hypertrophy. The disc bulge at this level bordered on a broad-based disc extrusion. The 12/23/14 electro diagnostic report documented evidence of left lumbar radiculopathy, most likely at L5. The 1/15/15 treating physician report cited worsening lower back pain radiating down the back of his right leg to the ankle. He had slow and guarded movement with limited lumbar flexion and positive straight leg raise consistent with radiculopathy. The 2/24/15 neurosurgical report cited low back pain radiating down the right leg to the ankle, with numbness, tingling and weakness. MRI showed marked L4/5 spinal stenosis and lateral recess stenosis, but no significant neural foraminal encroachment, and an L5/S1 disc bulge with right lateral recess stenosis. Symptoms were consistent with neurogenic claudication and right lateral recess stenosis

syndrome. The treatment plan recommended right L4 to S1 interlaminar decompression. The 3/2/15 utilization review non-certified the request for right L4-S1 interlaminer decompression surgery as there was no evidence of comprehensive conservative treatment trial and failure.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Right L4-S1 interlaminar decompression surgery:** 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 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 patient presents with persistent low back pain radiating to the right lower extremity to the ankle. Clinical exam findings are consistent with imaging evidence of L4, L5, and S1 nerve root compression, cauda equina compression, and lateral recess stenosis. Evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary.

**One day inpatient stay:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 Lumbar & Thoracic: Hospital length of stay (LOS).

**Decision rationale:** The California MTUS does not provide hospital length of stay recommendations. The Official Disability Guidelines recommend the median length of stay (LOS) based on type of surgery, or best practice target LOS for cases with no complications. The recommended median and best practice target for lumbar laminectomy is one-day hospital length of stay. Therefore, this request is medically necessary.