

Case Number:	CM15-0058648		
Date Assigned:	04/03/2015	Date of Injury:	10/17/2013
Decision Date:	05/12/2015	UR Denial Date:	03/07/2015
Priority:	Standard	Application Received:	03/27/2015

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 who sustained an industrial injury on 10/17/13. Injury occurred when he was assisting a special needs patient out of a chair, and fell backwards. Past surgical history was positive for anterior cervical discectomy and fusion at C5/6 on 7/25/14. The 12/11/14 lumbar spine MRI impression documented a 3-4 mm disc bulge at L4/5, left greater than right, with a punctate left foraminal annular tear. There was moderate left greater than right neuroforaminal stenosis and moderate central stenosis. There was slight disc desiccation at L2/3, somewhat short pedicles, and anterior spondylosis. There was a 2-3 mm rightward disc bulge with mild right neuroforaminal encroachment and moderate central canal stenosis. There was a 3-4 mm left greater than right L3/4 disc protrusion with an annular tear and moderate left neuroforaminal encroachment. There was mild right neuroforaminal encroachment and moderate central canal stenosis with somewhat short pedicles. The 1/6/15 treating physician report cited continued low back discomfort and pain radiating down the left leg with numbness and tingling. Physical exam documented moderate to marked loss of lumbar range of motion with end-range pain, no palpable spasms or tenderness, positive sciatic notch, and positive straight leg raise. The lower extremity neurologic exam documented 4/5 left extensor hallucis longus and gastroc weakness, 1+ and symmetrical Achilles reflex, and decreased L4 and L5 dermatomal sensation. The diagnosis was spinal stenosis and radiculopathy. The treatment plan recommended an L4/5 and L3/4 epidural steroid injection. The 2/3/15 treating physician report cited continued low back pain and left lower extremity symptoms. Physical exam documented grade 4/5 left tibialis anterior and extensor hallucis longus weakness, 1+ and symmetrical deep tendon reflexes, and

decreased L3 and L4 dermatomes. The diagnosis was moderate stenosis at L3/4 and L4/5, and radiculopathy. The treating physician reported the injured worker had not been improving with conservative treatment. He recommended a lumbar laminotomy and foraminotomy at t L3/4 and L4/5. The 3/7/15 utilization review non-certified the request for posterior lumbar laminectomy and foraminotomy at L3/4 and L4/5 and 1-day inpatient hospital stay was there was no evidence that conservative treatment had been exhausted.

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 at L3-4 and L4-5 with 1 day inpatient hospital stay: 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; Hospital length of stay (LOS).

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 low back pain radiating to the left leg with numbness and tingling. Clinical exam findings correlate with imaging evidence of L3/4 and L4/5 disc bulges and moderate central stenosis. A reasonable non-operative treatment protocol trial and failure of at least medications and altered activities has been submitted. Therefore, this request is medically necessary.