

<b>Case Number:</b>	CM15-0059462		
<b>Date Assigned:</b>	04/06/2015	<b>Date of Injury:</b>	04/11/2012
<b>Decision Date:</b>	05/12/2015	<b>UR Denial Date:</b>	03/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/30/2015

### 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 31-year-old male who sustained an industrial injury on 4/11/12. Injury occurred when he was driving a go-kart in the warehouse and hit a metal rack. Conservative treatment included activity modification, medications, physical therapy (2013), chiropractic treatment (2013), and three epidural steroid injections (2012 and 2013). The 8/21/13 lumbar spine MRI impression documented a diffuse disc protrusion at L3/4, more marked paracentrally, with annular tear effacing the thecal sac. There was left neuroforaminal stenosis encroaching the left L3 exiting nerve root. A diffuse disc protrusion was noted at T12/L1 without nerve root compromise. The 8/28/13 electrodiagnostic study impression documented a normal EMG with no evidence of lumbar radiculopathy. The 5/28/14 psychological evaluation stated the injured worker was cleared for lumbar spine surgery. The 9/8/14 lumbar discogram documented very marked and concordant reproduction of back and leg pain at L3/4 indicating a positive discogram. The 12/8/14 agreed medical examiner report cited constant low back pain radiating to his buttocks and legs with numbness and tingling. Pain increased with coughing, sneezing, sitting more than 10 minutes, or standing more than 4 minutes. Heat, ice, and medication temporarily alleviate pain. Lumbar spine exam documented mild to moderate loss of range of motion, positive nerve tension signs, paraspinal and spinous process tenderness, and piriformis and gluteal muscle tenderness. The neurologic exam was within normal limits. The AME noted that he was neurologically intact on exam this day but had on-going numbness and tingling. The treatment plan recommended surgical decompression at L3/4, and noted no indication to perform a fusion. The 2/13/15 treating physician report cited constant 8/10 low back pain. Lumbar spine

exam documented moderate to marked loss of lumbar range of motion and paraspinal spasms. Straight leg raise was positive bilaterally. There was hypoesthesia along the lateral aspect of the foot and ankle, and bilateral great toe dorsiflexion and plantar flexion weakness. Patellar reflexes were 2+ bilaterally, and Achilles reflexes were 1+. The diagnosis included lumbar sprain/strain, T12/L1 and L3/4 disc herniations, and lumbar degenerative disc disease. The injured worker had failed lumbar epidural steroid injections x 3 and had a positive discogram at L3/4. He tried physical therapy in the past with no benefit. Authorization was requested for L3/4 decompression surgery and post-operative physical therapy. The 3/6/15 utilization review non-certified the request for L4/5 decompression surgery as imaging reports were not submitted, there was no evidence of recent conservative treatment failure, and there were no sensorimotor deficits to support the diagnosis of L3/4 radiculopathy.

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

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

**Post-operative Physical Therapy 12 sessions lumbar spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

**Decision rationale:** As the surgical request is not supported, this request is not medically necessary.

**Decompression surgery of L3-4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Treatment in Workers' Compensation (ODG-TWC) Low Back- Lumbar & Thoracic.

**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. 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 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. The Official Disability Guidelines state that discography is not recommended and of limited diagnostic value. Guideline criteria have not been met. Discogram outcomes have not been found to be consistently reliable for the low back, based upon recent studies. Guideline criteria have not been met. This patient presents with a current report of function-limiting back pain. Current clinical exam noted bilateral sensorimotor and reflex deficits that do not correlate with imaging evidence of encroachment of the left L3 nerve root. Electrodiagnostic test was negative for lumbar radiculopathy. A discogram was noted as positive at L3/4 but guidelines state that discogram outcomes are not consistently reliable for the low back. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Therefore, this request is not medically necessary.