

Case Number:	CM15-0060350		
Date Assigned:	04/06/2015	Date of Injury:	05/09/2014
Decision Date:	05/12/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	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 a 54-year-old male who sustained an industrial injury on 5/9/14, relative to lifting. Past surgical history was positive for L5/S1 decompression in April 2005. The 1/25/15 agreed medical examiner report cited constant low back pain radiating down the left leg to the foot with numbness and tingling of the left foot. The left foot felt weaker than the right. Sitting was more painful than standing. Significant functional difficulty was reported with stair climbing, bending, kneeling and squatting. Pain ranged from 5-8/10. Lumbar exam documented paravertebral muscle tenderness, limited range of motion, pain with extension, and positive straight leg raise, left greater than right. There was give-way weakness of the left great toe extensors, and decreased extensor digitorum brevis muscle bulk. He was able to toe walk, but could not heel walk. Deep tendon reflexes were decreased at the Achilles level on the right, and sensation was decreased in the left leg in a poly dermatomal fashion. The diagnosis was lower back pain with right-sided radiculopathy confirmed by electrodiagnostic tests, and left S1 radiculopathy secondary to foraminal stenosis and spondylolisthesis. The AME opined that if additional surgery was undertaken, fusion would be required due to the spondylolisthesis at L5/S1, with potential decompression need at L4/5 and L3/4. The 2/24/15 treating physician report indicated that the injured worker was better with light duty. He had continued pain when he first got up in the morning. Physical exam documented antalgic gait, lumbosacral tenderness, 4 to 4+ /5 left leg weakness, and hypoesthesia left thigh, lateral and medial calf. Straight leg raise was positive on the left for L5 radiculopathy. The diagnosis was lumbar displacement. Authorization was requested for lumbar surgical decompression surgery. The 3/10/15 utilization

review non-certified the request for lumbar decompression as there was no detailed documentation of conservative treatment trial and failure, no actual imaging reports for review, and no correlation between exam findings and radiological pathology.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgical decompression surgery (Lumbar): Upheld

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 $i\frac{1}{2}$ 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 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 not been met. This injured worker presents with persistent function-limiting low back and radicular leg pain. Clinical exam findings documented motor deficits and sensory changes in a poly dermatomal fashion. There was no imaging report provided for review that would allow for correlation of clinical findings. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Additionally, this request does not identify the surgical levels being requested for decompression. Therefore, this request is not medically necessary.