

<b>Case Number:</b>	CM15-0080873		
<b>Date Assigned:</b>	05/01/2015	<b>Date of Injury:</b>	11/23/2013
<b>Decision Date:</b>	06/02/2015	<b>UR Denial Date:</b>	03/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/27/2015

### 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 61-year-old male who sustained an industrial injury on 11/23/13. Injury occurred when he was lifting a 900-pound steel grill and it slipped from the hands of the person he was lifting with. He reported immediate pain and popping in the lumbosacral spine radiating to the right leg. The 11/13/13 lumbar spine x-rays demonstrated mild degenerative disc disease and spondylosis, greatest at the L4/5 and L5/S1 levels. An epidural steroid injection was provided on 9/15/14 with no improvement. Conservative treatment had included activity modification, work restrictions, medications, and chiropractic. The 1/10/15 lumbar spine MRI impression documented a broad-based disc bulge at L4/5 effacing the ventral epidural space combined with facet degenerative changes and bilateral ligamentum flavum hypertrophy resulting in severe central spinal canal narrowing. The greatest AP dimension of the thecal sac is 5 mm. Additionally, disc material appears to extend into the inferior aspect of the bilateral neural foramen. AT L5/S1, there were bilateral ligamentum flavum hypertrophy and facet degenerative changes combined with a disc bulge resulting in mild to moderate central canal narrowing. Disc material lies in close proximity to the proximal S1 nerve roots bilaterally. The 3/13/15 spine surgery consult report cited low back pain radiating into the buttocks and back of the legs, right greater than left. Symptoms were worse with activity and improved with sitting/changing positions. Pain can be 10/10 and was significantly affecting his quality of life. Physical exam documented decreased lumbar range of motion, 4/5 big toe extension and plantar flexion weakness, and diminished patellar and Achilles reflexes. Pain was reported in a bilateral lower extremity L4/5 distribution with symptoms of neurogenic claudication. The treatment plan

recommended an L4/5 laminectomy to decompress the neurologic structures to help with leg pain and increase walking tolerance. The 3/23/15 utilization review non-certified the request as there was no official diagnostic study to corroborate radiculopathy and objective signs of neural compromise, and there was a lack of documentation that he had failed all conservative treatments.

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

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

#### **Lumbar Laminectomy, L4-L5 (63005): Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Laminectomy.

**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. Guidelines generally recommend laminectomy for patients with spinal stenosis, and moderate to severe symptoms. 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 and bilateral lower extremity pain consistent with an L4/5 radiculopathy. Functional difficulty has precluded full duty work ability. Clinical exam findings are consistent with imaging evidence of L4/5 severe spinal stenosis. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary.