

Case Number:	CM15-0087670		
Date Assigned:	05/11/2015	Date of Injury:	04/03/2013
Decision Date:	06/30/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/07/2015

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 63-year-old male who sustained an industrial injury on 4/03/13. Injury occurred when he was carrying a brake drum while employed as a mechanic. He underwent right sided L3/4 hemilaminectomy and microdiscectomy on 6/13/13. Past medical history was positive for hypertension, cardiac stents in 2010, and depression. Conservative treatment included physical therapy, medications, bracing, activity modification, and epidural steroid injection. The 2/3/15 electrodiagnostic study revealed chronic bilateral L5 (or L4) radiculopathy and generalized peripheral neuropathy of the lower extremities. The 2/5/15 treating physician report cited grade 7/10 low back pain radiating down the left with numbness. Medications were not helping. He was status post epidural injection. He remained off work. Physical exam documented right foot drop and decreased sensation. The diagnosis was lumbar sprain/strain, sciatica, lumbar disc disease, and lumbar spinal stenosis. The 3/5/15 treating physician report cited grade 7/10 low back pain radiating to the right lower leg. He had not improved with conservative treatment. Physical exam documented limited and painful range of motion and right lower leg atrophy. The injured worker was to follow-up with the neurosurgeon. The 4/2/15 lumbar CT myelogram impression documented severe L2/3 spinal stenosis and markedly severe L4/5 spinal stenosis. Findings documented central disc bulge at L2/3 with facet joint disease and ligamentous redundancy. There was prominence of the posterior epidural fat and mild foraminal stenosis. There was severe restriction of the thecal sac and contrast column. At L4/5, there was degenerative disc disease with vacuum disc phenomena and disc bulge. There was facet joint arthrosis with ligament redundancy, markedly severe restriction of the thecal sac and contrast

column, and severe foraminal stenosis. The 4/2/15 lumbar x-rays documented minor anterolisthesis of L3 on L4 without definite abnormal motion. The 4/6/15 neurosurgical report cited significant pathology at two levels, above and below the level of the prior surgery. Chronic nerve root irritation at L4/5 was noted. The treatment plan recommended decompression at L2/3 and L4/5. Authorization was requested for lumbar laminectomy right L2, L3, L4 and L5, transpedicular approach right L4 and L5, diskography x 2, and medical clearance. The 4/22/15 utilization review non-certified the requests for lumbar laminectomy right L2, L3, L4 and L5, transpedicular approach right L4 and L5, diskography x 2, and medical clearance as there was no documentation of current objective/neurologic findings or recent conservative treatment addressing these levels.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transpedicular approach right L4, L5 times 2: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.ncbi.nlm.nih.gov/pubmedhealth/22391438>.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Lumbar & Thoracic, Discectomy/Laminectomy.

Decision rationale: The California MTUS state that surgical treatment for spinal stenosis is usually complete laminectomy. A decision to proceed with surgery should not be based solely on the results of imaging studies. Some evidence suggests that patients with moderate to severe symptoms may benefit more from surgery than from conservative treatment. The Official Disability Guidelines recommend criteria for lumbar laminectomy 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. The surgical approach for the supported laminectomy at L4/5 is at the surgeon's discretion. Therefore, this request is medically necessary.

Associated surgical service: Diskography times 2: 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): s 304-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Lumbar & Thoracic, Discography.

Decision rationale: The California MTUS guidelines indicate that there is a lack of strong medical evidence supporting discography and should only be considered for patients who meet specific criteria. Indications include back pain of at least 3 months duration, failure of conservative treatment, satisfactory results from a detailed psychosocial assessment, is a candidate for surgery, and has been briefed on potential risks and benefits from discography and surgery. 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. There are insufficient large-scale, randomized, controlled references showing the reliability of the requested study in this patient's clinical scenario. Guideline criteria have not been met. There is no evidence that this injured worker has undergone a detailed psychosocial assessment. Surgery has been requested and certified, the medical necessity for additional diagnostic information is not apparent. There is no compelling reason to support the medical necessity of this request in the absence of guideline support. Therefore, this request for is not medically necessary.

Associated surgical service: Medical clearance: 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 Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2010 Jun. 40 p.

Decision rationale: The California MTUS guidelines do not provide recommendations for pre-operative medical clearance. Evidence based medical guidelines indicate that a basic pre-operative assessment is required for all patients undergoing diagnostic or therapeutic procedures. This injured worker has a past medical history positive for hypertension and cardiac disease. Guideline criteria have been met based on patient's age, co-morbidities, and the risks of undergoing anesthesia. Therefore, this request is medically necessary.

Lumbar laminectomy right L2, L3, L4, and L5: 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): 306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back ½ Lumbar & Thoracic, Discectomy/Laminectomy.

Decision rationale: The California MTUS state that surgical treatment for spinal stenosis is usually complete laminectomy. A decision to proceed with surgery should not be based solely on the results of imaging studies. Some evidence suggests that patients with moderate to severe symptoms may benefit more from surgery than from conservative treatment. The Official Disability Guidelines recommend criteria for lumbar laminectomy 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 injured worker presents with persistent function-limiting low back pain radiating to the right lower extremity. Clinical exam findings are consistent with imaging evidence of severe spinal stenosis at L2/3 and L4/5. Evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary.