

<b>Case Number:</b>	CM14-0128060		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	02/27/2003
<b>Decision Date:</b>	11/17/2014	<b>UR Denial Date:</b>	08/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2014

### 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. The expert reviewer is Board Certified in Internal Medicine, has a subspecialty in Nephrology and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 59 year old female with a 2/27/03 injury date. The mechanism of injury was not provided. In a 4/9/14 follow-up, subjective complaints included low back pain radiating to the bilateral lower extremities to the feet. Objective findings included decreased sensation in the right L3-S1 dermatomes, 4+/5 strength due to pain, and tenderness over the paralumbar muscles. In a 7/15/14 follow-up, subjective complaints included low back pain, and left worse than right radiating pain and numbness. Objective findings included decreased left S1 dermatomal sensation, 5-/5 strength of the left tibialis anterior, plantar flexors, and EHL, and symmetric reflexes. A lower extremity EMG/NCV on 7/11/13 showed right L3-4 radiculopathy. A lower extremity EMG on 9/19/13 showed severe atrophy of the left extensor digitorum with no insertional activities and no recordable voluntary motor unit activities. The lumbosacral paraspinal region showed occasional fibrillation potentials in the right L3-4 paraspinal region suggestive of L3, L4 motor radiculopathy on the right involving the myometrium only. A lumbar spine MRI on 11/6/13 showed degenerative changes resulting in mild to moderate canal and bilateral foraminal stenosis at L3-4 and L4-5. In a 1/14/14 supplemental AME report, the physician reviewed the MRI findings and noted the lack of nerve root compression at any level. The physician indicated that the surgery recommended by [REDACTED] is not considered medically reasonable and appropriate given the patient's symptomatology, exam findings, and diagnostic study results. In an 8/13/14 appeal letter by [REDACTED], subjective complaints included lower back pain with 90% left leg and 10% right leg radiating symptoms. Objective findings included decreased sensation of left L4, L5, and S1 dermatomes, 4+/5 strength left quadriceps and hamstrings, 4/5 strength left tibialis anterior and EHL, and 5-/5 strength left inversion, plantar flexion, eversion. There is positive SLR on the left at 60 degrees that reproduces calf pain. There is decreased sensation of left S1 to light touch and pinprick. [REDACTED]

██████████ indicated that he discussed the 11/6/13 lumbar MRI with the radiologist who noted that "there is nerve compression in the lumbar spine MRI imaging, likely resulting in her clinical finding of weakness in her left tibialis anterior, plantar flexion, and EHL." Diagnostic impression: herniated nucleus pulposus L3-4 and L4-5 with stenosis, lumbar radiculopathy. Treatment to date: medications, physical therapy, medial branch block, rhizotomy. A UR decision on 8/5/14 denied the request for microlumbar decompression L3-5 on the basis that the positive clinical and diagnostic findings do not correlate with each other.

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

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

#### **MICROLUMBAR DECOMPRESSION (L) L3-L4 AND L4-L5: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306.

**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 Chapter.

**Decision rationale:** CA MTUS states that surgical intervention is recommended for patients who have severe and disabling lower leg symptoms in the distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise; activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms; clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair; and failure of conservative treatment. In the present case, there appears to be enough evidence and clarification in the 8/13/14 appeal letter to certify the request for the procedure. Currently, the patient has symptomatic complaints of left leg radiating symptoms, there is positive straight leg raise on the left that reproduces the symptoms, and there is documented weakness in corresponding muscle groups on the left. The latest EMG/NCV on 9/19/13 shows severe atrophy of the left extensor digitorum, and the latest MRI shows mild to moderate foraminal stenosis at corresponding levels. The patient has failed extensive conservative treatment modalities. As a result, the medical necessity of the proposed procedure appears to have been established. Therefore, the request for Microlumbar Decompression (L) L3-L4 AND L4-L5 is medically necessary.