

<b>Case Number:</b>	CM14-0055471		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	09/12/2013
<b>Decision Date:</b>	02/10/2015	<b>UR Denial Date:</b>	04/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2014

### 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 Orthopedic Surgery, has a subspecialty in Spine Surgery, 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:

The injured worker is a 32-year-old male who reported injuries due to heavy lifting on 09/12/2013. On 07/03/2014, his diagnoses included spinal stenosis and radiculopathy. His complaints included low back pain which radiated down one of his legs with associated numbness. Laterality was not specified. His lumbar ranges of motion measured in degrees were: forward flexion 35/60, extension 0/20, and lateral bending and rotation bilaterally were 5/20. There were no palpated spasms or tenderness. He had a positive straight leg raising test with no laterality specified. An MRI of the lumbar spine on 10/24/2013 revealed degenerative disc disease at L4-5 and L5-S1, severe spinal canal stenosis, and moderate narrowing of the left lateral recess at the L4-5 level with a concentric bulge with a superimposed 8 mm central/left paracentral extrusion with associated annular fissuring that caused mass effect on the left central L5 nerve root in the left lateral recess, and moderate narrowing of both lateral recesses at the L5-S1 level with a 5 mm broad based posterior protrusion associated with annular fissuring. On 06/05/2014, it was noted that this injured worker had "some issues with his heart" that needed to be cleared prior to the proposed surgery. A chest x-ray on 05/24/2014 showed clear lung fields with chronic changes consistent with chronic bronchitis, asthma, COPD, and tobacco use, with no acute infiltrates, lung masses, or free fluid, and no evidence of CHF. On 06/10/2014, in a cardiovascular evaluation, it was noted that he was reporting episodes of sharp central chest pain occurring primarily with activity and shortness of breath on exertion. He had an abnormal baseline electrocardiogram with suggestion of left ventricular hypertrophy with inferior and lateral Q waves possibly suggestive of ischemia. The treatment plan suggested further evaluation to include stress testing due to the abnormal baseline EKG and chest pain. Electrocardiograph imaging with echocardiography was further recommended. The rationale for

the requested surgery was due to the low back pain with radiation down the leg and numbness. A Request for Authorization dated 04/17/2014 was included in this injured worker's chart.

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

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

#### **Lumbar laminectomy and foraminotomy of L4-L5 and L5-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 202-204, 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

**Decision rationale:** The request for lumbar laminectomy and foraminotomy of L4-5 and L5-S1 is not medically necessary. The California ACOEM Guidelines note that disc herniation may impinge on a nerve root, causing irritation, back and leg symptoms, and nerve root dysfunction. The presence of a herniated disc on an imaging study, however, does not necessarily imply nerve root dysfunction. Studies of asymptomatic adults commonly demonstrate intervertebral disc herniations that apparently do not cause symptoms. Some studies show spontaneous disc resorption without surgery while others suggest that pain may be due to irritation of the dorsal root ganglion by inflammogens released from a damaged disc. Therefore, referral for surgical consultation is indicated for patients who have severe and disabling lower leg symptoms in a 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 1 month or extreme progression of lower leg symptoms; clear clinical, imaging, and electrophysiological 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 to resolve disabling radicular symptoms. Prior to referral for surgery, clinicians should consider referral for psychological screening to improve surgical outcomes, possibly including standardized tests such as the MMPI 2. With or without surgery, more than 80% of patients with apparent surgical indications eventually recover. Although surgery appears to speed the short to midterm recovery, surgical morbidity and complications must be considered. Surgery benefits fewer than 40% of patients with questionable physiologic findings. Moreover, surgery increases the need for future surgical procedures with higher complication rates. Patients with comorbid conditions, such as cardiac or respiratory disease, may be poor candidates for surgery. Comorbidities should be weighed and discussed carefully with the patient. The submitted MRI revealed left sided findings at L4-5. The requested surgery was not noted to be on the left side. Given the lack of documentation as outlined above, there is insufficient information at this time to support the requested procedure. Therefore, this request for lumbar laminectomy and foraminotomy of L4-5 and L5-S1 is not medically necessary.