

<b>Case Number:</b>	CM15-0012002		
<b>Date Assigned:</b>	01/29/2015	<b>Date of Injury:</b>	12/18/2012
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	12/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2015

### 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 (IW) is a 43-year-old male, who sustained an industrial injury on 7/13/09. Past medical history included hypertension, heart disease, traumatic brain injuries, left arm deep vein thrombosis on warfarin therapy, and history of seizure. The 7/8/14 chiropractic report indicated the patient had been treated with chiropractic manipulation and non-surgical spinal decompression therapy at the L4/5 level, with short term relief. The patient was reported a flare-up of low back and right buttock, posterolateral thigh, and lateral calf pain. The 9/10/14 lumbar spine MRI impression documented moderate spinal canal stenosis, severe narrowing of the right lateral recess, and mild narrowing of the left lateral recess at L4/5. There was a L4/5 broad right paracentral disc protrusion with associated annular fissuring causing a mass effect on the right L5 nerve root in the right lateral recess. Records indicate that treatment over the past year was limited to chiropractic treatment and medication. The 12/17/14 neurosurgical report cited complaints of intense low back pain radiating to the buttocks, lateral thighs, and lateral legs, right greater than left. He had transient numbness or tingling in the plantar feet. Symptoms are aggravated by walking, standing, or leaning backwards in a chair. Lumbar spine range of motion was limited to 30 degrees flexion and straight leg raise was tolerated to 90 degrees bilateral, but was moderately painful. Neurologic exam documented normal lower extremity motor testing, normal toe/heel walk, absent bilateral patellar right Achilles reflexes, and diminished 1+ left Achilles reflex. There was no sensory loss or pathological reflexes. MRI findings showed a relative desiccated disc at L4/5 with disc herniation to the right side of the spinal canal with neural impingement. The patient had failed or exhausted conservative treatment. He is a

reasonable candidate for laminotomy and microdiscectomy at L4/5. The 1/19/15 report cited persistent back pain radiating into both lower extremities, but predominantly the right posterior thigh. Physical exam documented ability to walk reasonably well, ability to heel/toe walk, and right straight leg raise painful compared to left. On 12/26/14, Utilization Review non-certified a request for lumbar laminectomy and microdiscectomy, inpatient hospital stay, a complete blood count and a chest x-ray, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On 1/21/15, the injured worker submitted an application for IMR for review of the above request.

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

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

#### **Right lumbar laminotomy microdiscectomy L4-L5, quantity: 1: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 305.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation 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. The guidelines recommend that clinicians consider referral for psychological screening to improve surgical outcomes. The Official Disability Guidelines recommend criteria for lumbar discectomy and 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. Guidelines require all of the following conservative treatments: activity modification for at least 2 months, drug therapy, and referral for physical medicine (physical therapy, manual therapy). Guideline criteria have been met. This patient presents with worsening intense function-limiting symptoms of lumbar radiculopathy. Signs/symptoms and reflex changes are consistent with imaging findings of severe lateral recess narrowing and neural impingement. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial, including medication, activity modification, and manual therapy, and failure has been submitted. Therefore, this request is medically necessary.

**Associated surgical service: CBC (complete blood count), BMP (basic metabolic panel), PT (prothrombin time), PTT (partial thromboplastin Time), Type and screen blood testing:**  
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 Low Back - Lumbar & Thoracic: Preoperative lab testing

**Decision rationale:** The California MTUS guidelines do not provide recommendations for pre-operative lab testing. The Official Disability Guidelines state that decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Guideline criteria have been met. This patient presents with a history of cardiac disease, seizure disorder, and deep vein thrombosis with current anti-coagulant therapy. Given these clinical indications and the risks of undergoing anesthesia, this request is medically necessary.

**Associated surgical service: Chest x-ray, quantity: 1:** 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 Low Back - Lumbar & Thoracic: Preoperative testing, general

**Decision rationale:** The California MTUS guidelines do not provide recommendations for pre-operative chest x-ray. The Official Disability Guidelines state that decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Guideline criteria have been met. This patient presents with a complex medical history with occult increased risk factors for cardiopulmonary disease that support the medical necessity of pre-procedure chest x-ray. Therefore, this request is medically necessary.

**Associated surgical service: Urinalysis, quantity: 1:** 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 Low Back - Lumbar & Thoracic: Preoperative lab testing

**Decision rationale:** The California MTUS guidelines do not provide recommendations for pre-operative lab testing. The Official Disability Guidelines state that decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Guideline criteria have been met. This patient presents with a history of cardiac disease, seizure disorder, and deep vein thrombosis with current anti-coagulant therapy. Given these clinical indications and the risks of undergoing anesthesia, this request is medically necessary.

**Associated surgical service: EKG (electrocardiogram):** 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 Low Back - Lumbar & Thoracic: Preoperative EKG

**Decision rationale:** The California MTUS guidelines do not provide recommendations for pre-operative EKG. The Official Disability Guidelines state that patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. This patient presents with a history of cardiac disease and upper extremity deep vein thrombosis. The patient has increased cardiovascular risk factors to support the medical necessity of a pre-procedure EKG. Therefore, this request is medically necessary.

**Associated surgical service: Inpatient hospital stay, quantity: 1 day:** 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 Low Back - Lumbar & Thoracic: Hospital length of stay (LOS)

**Decision rationale:** The California MTUS does not provide recommendations for hospital length of stay. The Official Disability Guidelines recommend the median length of stay (LOS) based on type of surgery, or best practice target LOS for cases with no complications. The recommended median and best practice target for a lumbar laminectomy and microdiscectomy is 1 day. Guideline criteria have been met for inpatient length of stay up to 4 days, in the absence of complications. Therefore, this request is medically necessary