

Case Number:	CM15-0115983		
Date Assigned:	06/24/2015	Date of Injury:	12/02/1974
Decision Date:	07/23/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/16/2015

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 76-year-old male who sustained an industrial injury on 12/2/74. The mechanism of injury was not documented. Conservative treatment included physical therapy, multiple epidural steroid injections, activity modification, and medication. The 8/1/14 lumbar spine MRI impression documented at L5/S1 a grade 2 spondylolisthesis of L5 with bilateral pars defects, severe bilateral foraminal stenosis, and mild to moderate lateral recess narrowing, right greater than left. At L3/4, there was moderate to severe central canal stenosis with severe left and moderate right foraminal stenosis, and moderate narrowing of the right lateral recess. At L2/3, there was moderate to severe left and moderate right foraminal stenosis with moderate central canal stenosis, and mild to moderate narrowing of the left lateral recess. At L4/5, there was moderate to severe right and moderate left foraminal stenosis. At L1/2, there was moderate left foraminal stenosis. There was multilevel thoracolumbar spondylosis with dextroscoliosis of the thoracolumbar spine. The 5/26/15 neurosurgical consult report cited progressive and debilitating right leg pain. Low back pain radiated from the low back into the buttock and through the posterior thigh and lateral calf into the foot. Pain was constant, worse with sitting or walking. He reported some numbness but no specific weakness. Physical exam documented normal gait and station, good back range of motion, no tenderness, normal lower extremity muscle tone and strength, intact sensation, and 1+ lower extremity deep tendon reflexes. MRI was reviewed and showed grade 2 spondylolisthesis at L5/S1 with pars defect, severe foraminal stenosis at L5/S1, moderate stenosis L3/4, and pronounced scoliosis. Discussion of surgical treatment options was documented. Definitive surgery would involve decompression, arthrodesis and correction of his

scoliosis but a procedure of this magnitude was not recommended. The treatment plan recommended laminotomies on the right at L3-S1 were recommended with a more limited goal of improvement in his right buttock and leg pain. The 6/1/15 treating physician report cited low back pain radiating down both legs. Pain was reported grade 4/10 with medications, and grade 8/10 without medications. Quality of sleep was poor and activity level had decreased. Prior L5/S1 epidural steroid injections were documented with benefit. Physical exam documented the injured worker appeared calm and in mild pain with slowed gait but no assistive devices. Lumbar spine exam documented restricted range of motion, positive right straight leg raise, Achilles reflexes 2/4, and patellar reflexes 1/4. There was 4+/5 weakness in right knee extension, knee flexion, and hip flexion, and 5-/5 right extensor hallucis longus weakness. Sensory exam documented a patchy distribution. The diagnosis was spinal/lumbar degenerative disc disease and chronic back pain. The treating physician report indicated that pain remained largely unchanged and current medication regime was working moderately well. He had a surgical consult and right sided L3-S1 laminotomies were recommended. Authorization was requested for lumbar laminotomies at right L3 to S1 levels. The 6/10/15 utilization review non-certified the request for lumbar laminotomies at right L3-S1 as there was no appropriate diagnosis and an active radiculopathy that coincided with the requested levels was lacking. The 6/22/15 treating physician report appeal stated that the injured worker had sharp pain radiating from the low back down the leg into the feet, with significant numbness more prominent on the right leg. The injured worker had on-going and persistent symptoms and had failed conservative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar laminotomies at Right L3-S1 levels: 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): 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. The guidelines recommend that clinicians consider referral for psychological screening to improve surgical outcomes. The Official Disability Guidelines recommend criteria for lumbar laminotomy 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 progressive and function-limiting low back pain radiating into the legs to the feet. Clinical exam findings are consistent with imaging evidence of multilevel moderate to severe spinal stenosis, foraminal stenosis, and lateral

recess 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.