

<b>Case Number:</b>	CM15-0128028		
<b>Date Assigned:</b>	07/14/2015	<b>Date of Injury:</b>	12/29/2014
<b>Decision Date:</b>	08/10/2015	<b>UR Denial Date:</b>	06/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2015

### 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 37-year-old male who sustained an industrial injury on 12/29/14, relative to cumulative trauma. Past medical history was positive for a back injury in 2011, and elevated body mass index (39.27). The 1/21/15 lumbar spine MRI findings documented a 3 mm circumferential disc bulge at L2/3 with moderate central canal stenosis measuring 7 mm in AP dimension with effacement of the CSF space surrounding the transiting nerve roots. At L3/4, there was a 3 to 4 mm circumferential disc bulge with moderate spinal canal stenosis measuring 7mm in AP dimension with effacement of the CSF space surrounding the transiting nerve roots. At L4/5, there was a 3 to 4 mm circumferential disc bulge with superimposed 0.9 mm slightly inferior extending broad-based disc protrusion. There was moderate bilateral neural foraminal narrowing and severe spinal canal stenosis measuring 4 mm in AP dimension with effacement of the CSF space surrounding the transiting nerve roots. There was bilateral facet joint hypertrophy. The L5/S1 level was reported normal. Conservative treatment included activity modification, medications, physical therapy, and exercise. The 4/8/15 treating physician report cited constant grade 3-8/10 low back pain radiating intermittently into the lower extremities. Physical exam documented mild loss of lumbar range of motion, negative straight leg raise, and normal motor function, deep tendon reflexes, and sensation. The diagnosis was multilevel disc degenerative with lumbar stenosis, most prominent at L4/5. The treatment plan noted completion of physical therapy with improvement in low back and radicular lower extremity symptoms. He was beginning to work with a personal trainer. He was to continue regular duty with use of load bearing suspenders. The 5/21/15 treating physician report indicated that the patient was

temporarily totally disabled. Physical exam documented a change in condition with findings of negative straight leg raise, 4/5 left hamstring weakness, absent left Achilles reflex, and diminished left posterolateral calf sensation. Authorization was requested for lumbar laminectomy L3/4 and L4/5 and pre-operative labs (CBC, CMP, PT, and PTT). The 6/8/15 utilization review non-certified the request for lumbar laminectomy L3/4 and L4/5 and associated pre-operative labs based on concerns that imaging findings at L2/3 were identical to L3/4 with no rationale for only requesting the L3/4 level.

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

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

**Outpatient L3-4-L4-5 lumbar laminectomy:** 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 discectomy 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 a history of low back pain radiating to the lower extremities that has apparently worsened with functional loss precluding work. Clinical exam findings are consistent with imaging evidence of neural compression at the L3/4 and L4/5 levels. 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.

**Outpatient pre-operative (pre op) labs: CBC, CMP, PT, PTT:** 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 Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. Anesthesiology 2012 Mar; 116(3): 522-38.

**Decision rationale:** The California MTUS guidelines do not provide recommendations for this service. Evidence based medical guidelines indicate that most laboratory tests are not necessary for routine procedures unless a specific indication is present. Indications for such testing should be documented and based on medical records, patient interview, physical examination, and type and invasiveness of the planned procedure. Guideline criteria have been met based on patient age, body habitus, plausible long-term use of non-steroidal anti-inflammatory drugs, and the risks of undergoing anesthesia. Therefore, this request is medically necessary.