

Case Number:	CM15-0179068		
Date Assigned:	10/21/2015	Date of Injury:	02/24/1997
Decision Date:	12/02/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/11/2015

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:

This injured worker is a 55-year-old male who sustained an industrial injury on 2/24/97. The mechanism of injury was not documented. Past surgical history was positive for left L2/3 laminectomy, and an extruded disc and concomitant left L5/S1 foraminal decompression in 2004. The 9/10/14 lumbar spine MRI revealed congenital spinal stenosis, retrolisthesis at L2/3 and L4/5, and stenosis at the L2-L5 region. The 12/15/14 lumbar spine CT scan impression documented 2-3 mm retrolisthesis at L2/3, degenerative disc disease L1/2 through L5/S1, facet degenerative joint disease at L4/5 and L5/S1, mild central canal stenosis at L3/4 and L4/5, and moderate bilateral neuroforaminal stenosis at L5/S1 on the site of the right and left L5 nerves. There were left laminectomies or laminotomies at L2/3 and L5/S1. The 1/8/15 EMG/NCV study conclusion documented chronic neuropathic changes in the left L5/S1 myotome consistent with chronic left L5/S1 radiculopathy. The 7/28/15 neurosurgical report cited persistent moderate to severe low back and leg pain. He reported a pinching, driving feeling, and his back locked up or caught several times a day. Pain was currently grade 9/10, reducing to grade 7/10 with medication and grade 5/10 after acupuncture or rest. He was status post prior surgery in 2004 that helped him 25 to 40%. Pain radiated down the thigh and calf to the top and side of the foot. EMG showed a left L5/S1 radiculopathy. Physical exam documented restricted lumbar range of motion, positive left straight leg raise, and broad-based gait using a cane. There was diminished left L4/5 dermatomal sensation and absent ankle reflexes. There was diminished left heel walking, toe walking, and heel-to-toe walking. There was flexor hallucis longus, extensor hallucis longus, tibialis anterior, and peroneus longus and brevis weakness. Plain films showed

retrolisthesis at L2/3 and L3/4 stable on flexion and extension. The diagnosis included L5/S1 collapse with prior laminectomy, recurrent disc bulge, and foraminal stenosis with EMG documented left L5 nerve root compression and radiculopathy, and L4/5 central and lateral recess foraminal narrowing, left greater than right, with left L4/5 radicular pattern. Previous treatment had included acupuncture, physical therapy, medications, and epidural steroid injection without sustained improvement. Authorization was requested for L4-S1 laminectomy with assistant surgeon and post-operative deep vein thrombosis (DVT) unit rental. The 9/1/15 utilization review modified the request for L4-S1 laminectomy was modified to L5/S1 re-do laminectomy with an assistant surgeon noting a paucity of radiological findings at the L4/5 level and with agreement by the treating physician. The request for post-op DVT unit rental was modified to intraoperative DVT compression unit and post-operative usage until the injured worker was ambulatory.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-S1 laminectomy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations. 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 not been met for surgery at the L4/5 level. This injured worker presents with low back pain radiating down the right lower extremity to the foot. Clinical exam findings are consistent with imaging evidence of L5 nerve root compression at the L5/S1 level. EMG findings are consistent with left L5 radiculopathy. There is no imaging evidence of nerve root compromise at the L4/5 level. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. The 9/1/15 utilization review modified this request to an L5/S1 re-do laminectomy noting agreement with the treating physician. There is no compelling rationale presented to support the medical necessity of surgery at the L4/5 level. Therefore, this request is not medically necessary.

Associated surgical service: DVT unit rental: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg: Venous thrombosis.

Decision rationale: The California MTUS guidelines are silent with regard to deep vein thrombosis (DVT) prophylaxis. The Official Disability Guidelines (ODG) recommends identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures, such as consideration for anticoagulation therapy. Guideline criteria have not been met. There are limited DVT risk factors identified for this patient. There is no documentation that anticoagulation therapy would be contraindicated, or standard compression stockings insufficient, to warrant the use of mechanical prophylaxis. The 9/1/15 utilization review modified this request and allowed intraoperative use of a DVT unit and post-operative use until the injured worker was ambulatory. There is no compelling rationale presented to support the medical necessity of DVT prophylaxis beyond that already certified. Therefore, this request is not medically necessary.