

<b>Case Number:</b>	CM15-0070723		
<b>Date Assigned:</b>	04/20/2015	<b>Date of Injury:</b>	05/12/2014
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	03/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2015

### 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 51-year-old female who sustained an industrial injury on 5/12/14, relative to a fall. The 11/21/14 lumbar spine MRI impression documented the conus was low lying and terminated at mid L3. At L3/4 and L4/5, there was mild spinal canal narrowing and minimal bilateral inferior neuroforaminal narrowing. The 1/15/15 medical legal report indicated that there was no indication for any type of surgical intervention and that she had reached maximum medical improvement. The 2/4/15 treating physician report cited complaints of right sciatic leg pain. She wanted to return to work. Physical exam documented lumbar flexion 70 degrees, negative bilateral straight leg raise, and intact neurologic exam. MRI was reviewed and showed subarticular stenosis on the right at L4/5, and to a lesser degree at L3/4. The foramen was not the issue was much as the subarticular area of the area under the facet. The diagnosis was right sciatica with L3 to L5 foraminal stenosis. The treating physician opined that the right sciatica was secondary to subarticular stenosis on the right side at L4/5, and this would be appropriate for foraminotomy and subarticular decompression. Physical therapy was requested for a trial, or possible epidural steroid injection if the physical therapy fails. The 3/20/15 treating physician report cited right sciatic leg pain. She had marginal benefit from massage therapy, additional physical therapy had been denied, and she had epidural injections in past. She wanted to consider surgery as a more long-term solution to her symptoms. Physical exam documented lumbar flexion 70 degrees, negative straight leg raise, and intact neurologic exam. The diagnosis was right sciatica with L3 to L5 foraminal stenosis. The treatment plan recommended right L3 to L5 laminotomy, foraminotomy, and possible discectomy. The 3/30/15 utilization review non-certified the request for a right L3/4/5

laminectomy and medical clearance as there were no objective neurologic deficits (motor deficit or reflex change or positive EMG findings), and no description of corresponding imaging pathology.

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

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

#### **Right L3-4-5 Laminectomy: Upheld**

**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 in both 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 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. Guideline criteria have not been met. This patient presents with a complaint of right sciatic pain with no pain distribution documented. Clinical exam findings did not evidence nerve root compression; neurologic exam was normal and nerve tension signs were negative. There is no clear imaging evidence of nerve root compression at the L3/4 or L4/5 levels. The treating physician opined the presence of subarticular stenosis causing the right sciatica. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. There was no documentation of the level of prior epidural steroid injection or response. Therefore, this request is not medically necessary at this time.

#### **Associated Surgical Services: Medical Clearance: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

