

<b>Case Number:</b>	CM15-0070962		
<b>Date Assigned:</b>	04/20/2015	<b>Date of Injury:</b>	10/21/2011
<b>Decision Date:</b>	05/26/2015	<b>UR Denial Date:</b>	03/24/2015
<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: Minnesota, Florida  
 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 50 year old male, who sustained an industrial injury on 10/21/2011. The mechanism of injury was not noted. The injured worker was diagnosed as having cervical and lumbar radiculopathy and right shoulder impingement syndrome. Treatment to date has included diagnostics (reports not submitted), physical therapy, acupuncture, epidural steroid injections, and medications. On 2/20/2015, the injured worker complained of low back pain, with radiation to both legs, and neck pain, with radiation to both arms. Physical exam of the lumbar spine noted tenderness to palpation over the paraspinal musculature and range of motion within normal limits. Diminished sensation was noted over the bilateral L5 dermatomes. Motor strength was 5/5 bilaterally. Medication use was not described. The treatment plan included L5- S1 laminectomy and post-operative physical therapy x16 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L5-S1 laminectomy:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 305, 306.

**Decision rationale:** California MTUS guidelines indicate surgical considerations for severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies preferably with accompanying objective signs of neural compromise, activity limitation due to radiating leg pain for more than one month or extreme progression of lower leg symptoms, clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair and failure of conservative treatment to resolve disabling radicular symptoms. The injured worker is a 50-year-old male with a work injury of 10/21/2011 involving the cervical spine, lumbar spine, and right shoulder. The initial orthopedic evaluation dated 12/3/2014 indicates a history of neck pain radiating into both upper extremities and low back pain radiating to both lower extremities. The symptoms had been present for 3 years. There was minimal improvement with anti-inflammatories, physical therapy, and epidural injections. The epidural injections gave him relief for 3 weeks. The pain level was said to be 10 out of 10. Examination of the lumbar spine revealed tenderness to palpation over the paraspinal musculature. Flexion was 60 and extension 25. Lateral flexion was 25 to the left and 25 to the right. Strength was 5/5 in the lower extremities. There was diminished sensation over bilateral L5 dermatomes. Deep tendon reflexes were 2+ in the knees and ankles. Straight leg raising was negative. Motor examination was negative. MRI scans were requested but the order was later changed to CT in light of the presence of metal in his head. On 2/28/2015 the provider reported no improvement in the symptoms. A request was made for C5-C7 anterior cervical decompression and fusion and L1-S1 laminectomy for multilevel stenosis. The CT report has not been provided. On 3/11/2015 there were ongoing complaints of pain with no improvement documented. The previous request for lumbar laminectomy was denied. Examination revealed full range of motion of the lumbar spine similar to the previous visit with negative straight leg raising bilaterally. There was diminished sensation in bilateral L5 dermatomes similar to the previous visit. Motor examination was negative. Deep tendon reflexes were 2+ in the knees and Achilles bilaterally. The utilization review notes document the CT findings of posterior disc protrusion at L5-S1 with osteophyte complex without effacement of the thecal sac, bilateral neural foraminal narrowing was seen but the degree of narrowing is not documented. There was grade 1 retrolisthesis of L5 on S1 and hypertrophy of the facet joints and ligamentum flavum. At L4-5 a posterior disc protrusion with osteophyte complex was noted indenting the thecal sac. The spinal canal was stenosed but the degree of narrowing was not reported. Bilateral neural foraminal narrowing was seen. At L3-4 there was a posterior disc protrusion effacing the thecal sac with spinal canal compromised and bilateral neural foraminal narrowing was seen. The degree of narrowing is again not reported. At L2-3 there was posterior disc protrusion effacing the thecal sac with bilateral neural foraminal narrowing. No electrophysiologic studies are submitted. The request for bilateral laminectomy and discectomy at L5-S1 is not supported. The documentation does not specify the degree of symptoms and functional limitations. The physical examination does not specify any deficits other than the reported sensory deficit in the L5 distribution in both lower extremities. There is no objective neurologic deficit documented. There is no corroboration of the clinical findings with the imaging studies. Straight leg raising is negative indicating absence of nerve root compression. Range of motion of the lumbar spine was reported to be normal. The imaging studies do not show evidence of nerve root compression. There is no recent evidence of a comprehensive nonoperative treatment program

with trial/failure documented. The California MTUS guidelines indicate surgical considerations for clear clinical, electrophysiologic, and imaging study evidence of the same lesion that is known to benefit in both the short and long-term from surgical intervention. Such is not the case here. As such, the guideline criteria have not been met and the request for L5-S1 laminectomy is not supported by guidelines and the medical necessity of the request has not been substantiated.