

<b>Case Number:</b>	CM15-0075172		
<b>Date Assigned:</b>	04/27/2015	<b>Date of Injury:</b>	03/30/2012
<b>Decision Date:</b>	05/27/2015	<b>UR Denial Date:</b>	03/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/20/2015

### 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 35-year-old male who sustained an industrial injury on 3/30/12. Injury occurred while he was unloading security gates and one fell off the trailer and knocked him into a wall. Past medical history was positive for diabetes mellitus. The 4/16/14 lumbar spine MRI demonstrated a 9 mm posterior central disc protrusion at L4/5 with resultant moderate to severe spinal stenosis. There was a 3 mm posterior left paracentral disc protrusion at T12/L1 that indented the thecal sac but did not result in significant spinal stenosis. There was mild bilateral neuroforaminal narrowing at L4/5. The 10/13/14 orthopedic surgeon report cited continued low back pain radiating to both legs with weakness and tingling. He had not responded to conservative treatment including physical therapy, chiropractic treatment, acupuncture, bracing, anti-inflammatory medications, and epidural injections. Physical exam documented lumbar paravertebral muscle tenderness, guarding, and spasms. Straight leg raise was positive on the right. There were right lumbar paraspinal muscle trigger points, and range of motion was restricted due to pain and spasms. There was decreased sensation over the right L4/5 dermatomes and 4/5 weakness over the right L4 and L5 myotomes. The diagnosis was lumbar disc protrusion, myospasms, and radiculopathy. The treatment plan requested authorization for anterior/posterior decompression and fusion at L4/5. The 2/3/15 orthopedic surgeon report cited lower back pain radiating to the toes with numbness and tingling, right greater than left. Physical exam was unchanged. The diagnosis was 9 mm L4/5 disc protrusion and severe stenosis. The treatment plan requested withdrawal of the fusion surgery request and requested authorization for lumbosacral decompression surgery at L4/5 to include posterior laminectomy, microdiscectomy,

and foraminotomy. The 3/4/15 electrodiagnostic study findings were consistent with acute L5 and/or S1 bilateral nerve root involvement with superimposed findings of lower extremity peripheral polyneuropathy with mild sensory and motor involvement. The 3/20/15 utilization review non-certified the request for right posterior laminectomy, microdiscectomy, foraminotomy and decompression at L4/5, post-operative lumbar brace and pre-operative medical clearance as there were no physical exam findings evidencing a decrease in sensation, decreased deep tendon reflexes, or lower extremity muscle weakness or atrophy to support the medical necessity of surgery.

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

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

**Right posterior laminectomy, microdiscectomy, foraminotomy and decompression at L4-5:**  
Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, Low Back, Discectomy/laminectomy.

**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 patient presents with lower back pain radiating down both legs with numbness and tingling to the toes. There is clinical exam evidence of decreased L4 and L5 dermatomal sensation and myotomal weakness. Findings are consistent with EMG evidence of acute L5 and/or S1 radiculopathy and imaging evidence of severe spinal stenosis at L4/5. Evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary.

**Postoperative lumbar brace:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Back Brace, post operative (fusion).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM). Occupational Medical Practice Guidelines 2nd Edition. Chapter 12 Low Back Disorders. (Revised 2007) page(s) 138-139.

**Decision rationale:** The California MTUS guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The revised ACOEM Low Back Disorder guidelines do not recommend the use of lumbar supports for prevention or treatment of lower back pain. However, guidelines state that lumbar supports may be useful for specific treatment of spondylolisthesis, documented instability, or post-operative treatment. The post-operative use of a brace would be reasonable for pain control. Therefore, this request is medically necessary.

**Preoperative medical clearance:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACR Appropriateness Criteria® routine admission and preoperative chest radiography. Reston (VA): American College of Radiology (ACR); 2011. 6 p.

**Decision rationale:** The California MTUS guidelines do not provide recommendations for pre-operative medical clearance. Evidence based medical guidelines indicate that a basic pre-operative assessment is required for all patients undergoing diagnostic or therapeutic procedures. Diabetic patients have known occult increased medical/cardiac risk factors. Guideline criteria have been met based on co-morbidities and the risks of undergoing anesthesia. Therefore, this request is medically necessary.