

Case Number:	CM15-0079231		
Date Assigned:	04/30/2015	Date of Injury:	08/25/2008
Decision Date:	05/29/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/24/2015

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 57-year-old female who sustained an industrial injury on 8/25/08, relative to a fall from a step ladder. The 10/23/14 treating physician report cited EMG evidence of right L5 radiculopathy and 4+/5 gastrosoleus weakness. The 2/25/15 lumbar spine MRI impression documented moderate left and mild right facet arthropathy and foraminal narrowing at L5/S1, and a 1-2 mm asymmetric right greater than left disc bulge at L3/4 with mild facet arthropathy causing moderate left foraminal narrowing. At L4/5, the disc was mildly narrowed and desiccated with circumferential 1 mm disc bulge. There was moderate bilateral facet arthropathy with less than 2 mm degenerative anterolisthesis. There was mild central canal stenosis with AP dimension in midline measuring 7 mm and decrease in cross-sectional area 20%. Both neural foramen were moderately narrowed but no nerve root impingement was evident. The 3/10/15 orthopedic report cited grade 7-8/10 pain in the right sacral region radiating into the right thigh and down the anterolateral leg and shin to the foot. There was some lower back pain. She had night pain and burning pain into the leg. Pain was worse with walking and she had positive shopping cart sign. Conservative treatment had included physical therapy, four epidural steroid injections, anti-inflammatory, and activity modification. Physical exam documented positive midline lumbar tenderness, painful lumbar flexion and extension, and positive straight leg raise on the right. Neurologic exam documented normal strength, sensation, and reflexes with negative bilateral clonus. Flexion/extension x-rays showed no instability or spondylolisthesis. There was advanced L4/5 degenerative disc disease and spondylosis. The diagnosis was lumbar radiculopathy/neurogenic claudication, previous right L5/S1 disc

herniation resolved, and L4/5 spinal stenosis with right L5 radiculopathy and positive EMG. Imaging showed moderate L4/5 lateral recess/subarticular stenosis with some persistent L5 compression. Radicular symptoms follow a classic L5 distribution, and she had positive nerve tension signs. A right L4/5 laminectomy was recommended. The 3/31/15 utilization review non-certified the request for right L4/5 laminectomy with 1-day inpatient stay as there was only mild central canal stenosis and no evidence of nerve root compression on imaging, and no documentation of severe disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies with objective signs of neural compression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4-5 laminectomy with 1 day inpatient stay: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-308.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Lumbar & Thoracic: Discectomy/Laminectomy; Hospital length of stay (LOS).

Decision rationale: The California MTUS guidelines recommend laminectomy for lumbosacral nerve root decompression. Guidelines generally 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. The Official Disability Guidelines (ODG) 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. The ODG recommend the median length of stay (LOS) based on type of surgery, or best practice target LOS for cases with no complications. The recommended median length of stay was 2 days and best practice target was 1 day for lumbar laminectomy. Guideline criteria have been met. This injured worker presents with persistent lumbosacral pain radiating into the right lower extremity in an L5 distribution. Symptoms were consistent with neurogenic claudication. Signs/symptoms and clinical exam findings correlate with reported imaging and electrodiagnostic evidence of L5 nerve root compression. 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.