

<b>Case Number:</b>	CM15-0095466		
<b>Date Assigned:</b>	05/22/2015	<b>Date of Injury:</b>	02/17/2006
<b>Decision Date:</b>	06/24/2015	<b>UR Denial Date:</b>	04/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2015

### 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 58-year-old male who reported an industrial injury on 2/17/06, relative to lifting and pulling. Past surgical history was positive for spinal surgeries in 2001 and 2008, including posterior fusion at L4/5. The 6/25/14 lumbar spine MRI impression documented interval surgical changes with a posterior fusion at L4/5, and findings suggestive of scarring at the L4/5 intervertebral disc level posteriorly. If indicated, consideration of a follow-up study with and without contrast would be suggested to rule-out the possibility of a recurrent disc protrusion. At L2/3, there was a 2-3 mm disc protrusion centrally and eccentric toward the left with signal characteristics that suggested an annular tear. There was encroachment on the descending left L3 nerve root. The treating physician report progress reports from 12/11/14 to 2/12/15 cited low back pain radiating down both legs with numbness, worse on the left. Records indicated that pain grades had risen from intermittent grade 3-4/10 to 6/10. The neurologic examination remained within normal limits and lumbar range of motion was decreased. There was no documentation of conservative treatment beyond his routine medications to address the increased symptoms. The 3/25/15 treating physician report cited an exacerbation of grade 7/10 low back pain radiating down both legs with numbness, worse on the left. Symptoms had been present for several years and intermittent, worse with range of motion, standing, and walking. Symptoms were alleviated by Norco, Valium and sometimes nothing. Physical exam documented decreased lumbar range of motion, normal heel/toe gait, and normal lower extremity strength, sensation, and deep tendon reflexes with no clonus. The diagnosis was lumbar degenerative disc disease, radiculopathy, spinal stenosis and herniated nucleus pulposus. The

treatment plan recommended lumbar discectomy and repeat lumbar spine MRI for current surgical anatomy. The 4/22/15 utilization review non-certified the request for left L2/3 hemilaminectomy and microdiscectomy as clinical findings did not document a motor, sensory or reflex deficit, and there was no evidence that conservative treatment had been provided. A request for a lumbar spine MRI was non-certified as there were no unequivocal objective findings documenting or supporting a neurologic compromise.

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

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

#### **Left hemilaminectomy and microdiscectomy (L2-3): 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 ½ 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. This injured worker presents with increased low back pain radiating down the left lower extremity with numbness. Clinical exam findings do not document a motor, sensory or reflex deficit to evidence nerve root compression. There is imaging evidence of nerve root encroachment at the L2/3 level. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Therefore, this request is not medically necessary.

#### **Magnetic resonance imaging (MRI) of the lumbar spine: 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): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back ½ Lumbar & Thoracic: MRIs (magnetic resonance imaging).

**Decision rationale:** The California MTUS guidelines state that unequivocal objective findings of specific nerve compromise on the neurologic exam are sufficient to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. The Official Disability Guidelines state the repeat MRI s not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, or recurrent disc herniation). Guideline criteria have not been met. This injured worker presents with a normal neurologic examination documented in the progress reports since 12/11/14. There are no objective findings of specific nerve compromise or significant pathology to support the request for updated imaging at this time. Additionally, there was no evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure. Therefore, this request is not medically necessary.