

Case Number:	CM15-0097304		
Date Assigned:	05/28/2015	Date of Injury:	06/02/2011
Decision Date:	07/02/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/20/2015

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 58-year-old male who sustained an industrial injury on 6/2/11, relative to repetitive work activities as a landscaper. The 12/11/14 lumbar MRI impression documented mild canal stenosis and moderate bilateral neuroforaminal narrowing at T12/L1, moderate canal stenosis at bilateral neuroforaminal narrowing at L1/2, and mild canal stenosis and bilateral neuroforaminal narrowing at L2/3. At L3/4, there was a 5 mm broad-based disc bulge effacing the anterior thecal sac with bilateral facet arthropathy and ligamentum flavum thickening. There was severe canal stenosis and severe left and moderate right neuroforaminal narrowing. The AP diameter of the thecal sac was 5 mm. At L4/5, there was broad-based disc bulging with 5 mm central disc protrusion effacing the thecal sac. There was mild bilateral facet arthropathy and ligamentum flavum thickening. There was moderate to severe canal stenosis and severe left and moderate right neuroforaminal narrowing. The AP diameter of the thecal sac was 5 mm. At L5/S1, there was broad-based disc bulging with 3 mm central and right paracentral disc protrusion effacing the anterior thecal sac. There was mild bilateral facet arthropathy and ligamentum flavum thickening. There was moderate to mild canal stenosis and moderate left and severe right neuroforaminal narrowing. The 2/10/15 orthopedic consult report cited low back pain radiating down the right lower extremity with numbness and tingling that had failed conservative treatment including acupuncture and lumbar epidural injections. Imaging showed 3 level stenosis with 3-5 mm disc bulges. Physical exam documented positive lumbar spasms and tenderness, positive straight leg raise greater on the left, decreased L5/S1 sensation, pain with heel/toe walk, and no clonus. The diagnosis included lumbar herniated nucleus pulposus,

desiccation, and spinal canal stenosis. Authorization was requested for L3-S1 hemi-laminectomy and decompression. The 3/6/15 pain management report cited continued low back pain radiating down the posterolateral thigh and leg associated with numbness and tingling. Physical exam documented lumbar paraspinal muscle tenderness, bilateral L3-S1 facet tenderness, positive facet loading, decreased bilateral L4 and L5 dermatomal sensation, decreased bilateral patellar reflexes, and positive right straight leg raise. The diagnosis was lumbar radiculopathy, lumbar facet arthropathy, and myofascial pain. The injured worker had failed anti-inflammatory and muscle relaxant medications, physical therapy, and TENS use for greater than 6 months. Prior epidural steroid injections had provided significant improvement. An L5/S1 epidural steroid injection was recommended. Medications were refilled to include gabapentin, Norco, and topical creams. He was to continue home physical therapy. The 4/7/15 treating physician report documented low back, left shoulder and bilateral knee pain. Physical exam documented sensation was intact over the right anterior thigh and lateral calf and ankle. The treatment plan recommended electrodiagnostic testing, physical therapy 2x6 for the bilateral knees and left shoulder, and lumbar surgery per the 2/10/15 orthopedic report. Authorization was requested for L3-S1 hemi-laminectomy and decompression. The 4/22/15 utilization review non-certified the request for L3-S1 hemi-laminectomy and decompression based on an absence of updated imaging reports, objective findings of sensorimotor deficits, and positive provocative testing to support the diagnosis of L3-S1 radiculopathy, and lack of evidence that conservative treatment had been exhausted. The 4/23/15 lower extremity electrodiagnostic study evidenced mild acute L5 radiculopathy on the left.

IMR ISSUES, DECISIONS AND RATIONALES

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

(Lumbosacral) L3-S1 Hemi-Laminectomy and Decompression: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-328, table 12-8. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back (Lumbar & Thoracic) - Laminectomy, Discectomy.

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 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 persistent low back pain radiating down the

posterolateral right leg with numbness and tingling. Clinical exam findings are consistent with L4 and L5 radiculopathy. There was electrodiagnostic evidence of L5 radiculopathy. There is imaging evidence of moderate to severe canal and neuroforaminal stenosis at the L3/4 to L5/S1 levels. Evidence of a reasonable non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary at this time.