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| <b>Case Number:</b>   | CM14-0142033 |                              |            |
| <b>Date Assigned:</b> | 09/10/2014   | <b>Date of Injury:</b>       | 11/20/2010 |
| <b>Decision Date:</b> | 08/17/2015   | <b>UR Denial Date:</b>       | 08/06/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/02/2014 |

### 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:

This injured worker is a 68-year-old male who sustained an industrial injury on 11/20/10. The mechanism of injury was not documented. Past medical history was positive for hypertension and diabetes mellitus. Conservative treatment included medications, passive physical therapy modalities, and activity alteration. Records indicated that the 12/28/13 lumbar spine MRI documented broad-based disc protrusions from L3/4 through L5/S1 with minimal narrowing of the central canal, and multilevel neuroforaminal narrowing. The 1/22/14 through 6/11/14 treating physician reports cited constant grade 8/10 low back pain radiating to the right hip and lower extremity. Functional difficulty was reported with sitting, standing, walking, or having sex. Medications provided temporary relief. Physical exam documented low back tenderness, limited motion, right lower extremity edema, positive straight leg raise bilaterally, absent patellar and Achilles reflexes, 5/5 lower extremity strength, and decreased sensation over the dorsal and volar aspect of both feet. The diagnosis was severe lumbar degenerative disc disease, lumbosacral strain, and diabetic neuropathy. Authorization was requested for lumbar decompression at L3/4, L4/5, and L5/S1. The 8/6/14 utilization review non-certified the request for decompression at L3/4, L4/5, and L5/S1 as there was insufficient clinical information to support the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Decompression at L3-L4: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

**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:** Guideline criteria have been met. This injured worker presents with persistent and function-limiting low back pain radiating to the right hip and lower extremity. Clinical exam findings are consistent with reported imaging evidence of plausible nerve root compromise at the L3 to S1 levels. There is evidence of a reasonable and/or comprehensive non-operative treatment protocol trial and failure. Therefore, this request is medically necessary.

#### **Decompression at L4-L5: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

**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:** Guideline criteria have been met. This injured worker presents with persistent and function-limiting low back pain radiating to the right hip and lower extremity. Clinical exam findings are consistent with reported imaging evidence of plausible nerve root compromise at the L3 to S1 levels. There is evidence of a reasonable and/or comprehensive non-operative treatment protocol trial and failure. Therefore, this request is medically necessary.

#### **Decompression at L5-S1: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

**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:** Guideline criteria have been met. This injured worker presents with persistent and function-limiting low back pain radiating to the right hip and lower extremity. Clinical exam findings are consistent with reported imaging evidence of plausible nerve root compromise at the L3 to S1 levels. There is evidence of a reasonable and/or comprehensive non-operative treatment protocol trial and failure. Therefore, this request is medically necessary.