

Case Number:	CM14-0195849		
Date Assigned:	11/25/2014	Date of Injury:	08/11/2010
Decision Date:	11/10/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/21/2014

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 31-year-old male who sustained an industrial injury on 8/11/10. Injury occurred when he was moving a large roll of paper when he slipped and fell, landing on his back and right arm. Past medical history was positive for hypertension. The 8/5/14 orthopedic surgery consult report cited progressive back pain. Conservative treatment had included medications, local cortisone injections, and epidural steroid injection with only temporary relief. He reported back pain with a positive cough, strain and sneeze effect, and right leg weakness. Physical exam documented normal gait, slight right foot dorsiflexion weakness, normal toe walk, positive right straight leg raise. Imaging showed 4 to 5 mm L3/4 and L4/5 disc herniations with mild foraminal stenosis and some anterior effacement of the thecal sac. At L4/5, there was moderate foraminal stenosis secondary to a lateral disc osteophyte complex. The diagnosis was L3/4 and L4/5 degenerative disc disease with disc herniations, foraminal stenosis, and failed conservative treatment. The treatment plan recommended L3/4 and L4/5 laminectomy, decompression, partial foraminotomies but no fusion. The 8/13/14 initial spinal surgery consult cited constant very sharp low back pain radiating down the right leg with driving or prolonged sitting. He reported numbness and tingling into the right toe that resolved with walking. The injured worker reported no benefit with physical therapy, local cortisone injection, or epidural steroid injection. He had attempted return to full duty work which resulted in increased pain. He was not currently working. Physical exam indicated that the injured worker ambulated with a limp on the right and had poor heel and toe walking on the right. Lumbar spine exam documented 2+ paraspinal tenderness and muscle spasms, right sciatic notch tenderness, restricted range of motion, and

right leg pain with flexion. Neurologic exam documented 2+ and symmetrical deep tendon reflexes, negative clonus, negative Babinski's sign, 5/5 lower extremity strength, and decreased right L5/S1 dermatomal sensation. Straight leg raise was positive on the right. Imaging was not available for review and a request for the actual MRI films was requested for review. Lumbar x-rays with flexion/extension views were requested. Authorization was requested on 10/17/14 for an outpatient lumbar laminectomy at L3/4 and L4/5 decompression with possible foraminotomies. The 10/24/14 utilization review non-certified the request for outpatient lumbar laminectomy at L3/4 and L4/5 decompression with possible foraminotomies as there was no clear documentation of a pain generator with electrodiagnostic and/or selective nerve root block.

IMR ISSUES, DECISIONS AND RATIONALES

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

One lumbar laminectomy at L3-L4 and L3- L5, for decompression with possible foraminotomies, as an outpatient: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM - [https://www.acoempracguides.org/Low Back; Table 2, Summary of Recommendations, Low Back Disorders](https://www.acoempracguides.org/Low%20Back;Table%202,Summary%20of%20Recommendations,Low%20Back%20Disorders).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations. 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 injured worker presents with persistent and function-limiting low back pain radiating into the right lower extremity with intermittent right toe numbness and tingling. Pain has precluded return to work. Clinical exam findings were consistent with reported imaging evidence of nerve root compromise at the L3/4 and L4/5 level. 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.