

<b>Case Number:</b>	CM13-0009699		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	02/14/2011
<b>Decision Date:</b>	07/30/2014	<b>UR Denial Date:</b>	08/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2013

### 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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in New York. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient has chronic low back pain and weakness of the left quadriceps. The physical examination reveals atrophy of the left gastrocnemius compared to the right. There is weakness of the quadriceps. Physical examination shows reduced lumbar range of motion and tenderness palpation lumbar spine. Lumbar facet raising test was positive on both sides. Straight leg raising was negative. Babinski sign was negative. An MRI scan shows degenerative lumbar stenosis at L3-4 and L4-5. The medical records indicate that the patient has failed nonoperative treatment. The patient has had physical therapy and medications without relief. The patient medications include OxyContin and Oxycodone. The patient lumbar epidural steroid injection which was 50% effective. At issue is whether bilateral lumbar decompressive surgeries medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral Laminotomies L3-4 and L4-5:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

**Decision rationale:** This patient does not meet establish criteria for lumbar decompressive surgery. Specifically, the medical records do not indicate that the patient has a significant neurologic deficit on physical examination. In addition is no correlation between physical examination an MRI imaging study showing specific compression of I nerve root that is correlated with clinical radiculopathy. The patient does not have progressive neurologic deficit. The patient also does not have any red flag indicators for spinal fusion surgery such as fracture, tumor, or progressive neurologic deficit. Therefore, criteria for lumbar decompressive surgery are not met. As such, the request is not medically necessary.

**Inpatient Hospital Stay:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Pre-Op Medical Clearance:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.