

<b>Case Number:</b>	CM13-0010928		
<b>Date Assigned:</b>	09/23/2013	<b>Date of Injury:</b>	11/20/2002
<b>Decision Date:</b>	08/01/2014	<b>UR Denial Date:</b>	08/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2013

### 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 Neurological Surgery and is licensed to practice in California. 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 injured worker is a 55 year old male was reportedly injured on November 20, 2002. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated July 23, 2013, indicated that there were ongoing complaints of low back pain with radiculopathy secondary to spinal stenosis. Claimant also has weakness and inability to ambulate. He was admitted to the hospital for rehabilitation and due to decubitus ulcer. The physical examination demonstrated multiple scars in the lower back and decreased range of motion. Strength was 4+/5 in the lower extremities. Sensation was decreased to vibration diffusely and to pinprick in the right lower extremity at the L4-L5 distribution. Diagnostic imaging studies reported findings dated from 2003 of the lumbar spine as: Bilateral neural foraminal narrowing mild on left and mild to moderate on right at L2-L3 with severe bilateral facet hypertrophy, moderate to severe facet hypertrophy at L4-S1, degenerative spondylolisthesis 3 millimeter to 4 millimeter at L4-L5. Electromyographs (EMGs) reported from 2005 showed positive findings for left L5-S1. Previous treatment included oral medication, multiple back surgeries, neck surgery and chiropractor treatments. A request was made for decompressive laminectomy at L2-L3 and bilateral foraminotomies at L2-L3 and L3-L4 and was not certified in the pre-authorization process on August 1, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DECOMPRESSIVE LAMINECTOMY AT L2-L3: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306.

**Decision rationale:** Lumbar discectomy is moderately recommended as an effective operation to speed recovery in patients with radiculopathy due to ongoing nerve root compression who continue to have pain and functional limitations after 4-6 weeks of time and appropriate conservative therapy. Based on the records presented, there was lack of insufficient evidence of studies such as recent MRI's or electrodiagnostic studies and physical examination from requesting physician to support the need for this procedure. Furthermore, the patient has comorbidities which would affect his outcome such as diabetes, coronary artery disease and peripheral neuropathy. As such, this request is not medically necessary.

**BILATERAL FORAMINOTOMIES AT L2-L3 AND L3-L4 LEVELS:** 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): 305-306.

**Decision rationale:** Based on the documentation provided, there was lack of sufficient evidence that the claimant's symptoms were consistent with radiological findings. Studies for review are from 2005 and 2006. For this reason, this procedure is not medically necessary.