

<b>Case Number:</b>	CM13-0018010		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	01/05/2012
<b>Decision Date:</b>	02/06/2014	<b>UR Denial Date:</b>	08/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/29/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic 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 physician 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:

Clinical records for review include a 08/22/13 assessment with [REDACTED] indicating ongoing complaints of lumbar pain with diagnoses of lumbar spondylosis, lumbar stenosis, lumbar degenerative disc disease, and a lumbar strain with radiculopathy. It stated that the claimant had now failed care including multiple prior epidural steroid injections. Review of imaging included radiographs from 04/04/13 that showed narrowing at the L4-5 level without flexion or extension motion. A 05/06/13 MRI assessment showed the L4-5 level to be with grade 1 anterolisthesis with high grade neuroforaminal narrowing and discogenic degenerative changes. Physical examination findings at that date showed 5-/5 strength to the right iliopsoas and quadriceps with intact sensation and equal and symmetrical distal deep tendon reflexes. Based on failed conservative care, operative intervention in the form of an L4-5 laminectomy was recommended for further care. Also recommended were a three-day inpatient stay, an assistant surgeon, and a home health consultation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Posterior lumbar L4-L5 laminectomy with partial facetectomy:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM: Decompression laminectomy.

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

**Decision rationale:** Based on California ACOEM Guidelines, the proposed posterior lumbar L4-L5 laminectomy with partial facetectomy: would not be indicated. While the claimant is noted to be with degenerative changes and grade 1 anterolisthesis, there is no documentation of significant compressive pathology on imaging that would correlate with the claimant's current physical examination findings to support the acute need of an operative process. There requested surgical procedure in question therefore would not be considered necessary.

**Assistant surgeon:** 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

**3 day inpatient 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.

**3 post-operative home health skilled nurse visits for close management of post-operative status:** 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.