

<b>Case Number:</b>	CM13-0023500		
<b>Date Assigned:</b>	01/31/2014	<b>Date of Injury:</b>	02/15/2012
<b>Decision Date:</b>	04/29/2014	<b>UR Denial Date:</b>	08/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2013

### 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 California and Texas. 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 is a 61-year-old female who reported an injury on 02/15/2012. The mechanism of injury involved a fall. The patient is diagnosed as status post fall, right sacrum fracture, right L3-4 and L4-5 lateral recess stenosis, right L4 and L5 radiculopathy, and failed conservative treatments. The patient was seen by the Physician Assistant, [REDACTED] on 07/18/2013. The patient reported persistent symptoms. The patient has been treated with physical therapy as well as selective nerve root blocks which provided short-term relief. Physical examination on that date revealed normal lumbar range of motion, positive straight leg raising, 4/5 strength in the right EHL, diminished sensation on the right L4 and L5 distribution, 2+ deep tendon reflexes, and a normal gait. Treatment recommendations at that time included minimally invasive right L3-4, L4-5 laminotomy with right L3-4 and L4-5 foraminotomy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MINIMALLY INVASIVE RIGHT L3-4, L4-5 LAMINOTOMIES WITH RIGHT L3/L4, L4/L5 FOREAMINOTOMIES:** 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): 305-307.

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state surgical consultation is indicated for patients who have severe and disabling lower extremity symptoms, activity limitation for more than 1 month, extreme progression of symptoms, clear clinical, imaging and electrophysiological evidence of a lesion, and a failure of conservative treatment. The Official Disability Guidelines state objective findings on examination need to be present and confirm the presence of radiculopathy prior to a discectomy/laminectomy. There should be documentation of a failure to respond to conservative treatment including activity modification, drug therapy, epidural steroid injection, physical therapy, and manual therapy. There should also be a psychological screening completed. As per the documentation submitted, the patient reported good short-term relief with physical therapy and selective nerve root blocks. There is no documentation of an exhaustion of conservative treatment to include activity modification, drug therapy, or manual therapy. There were no imaging studies or electrodiagnostic reports submitted. There is also no documentation of a psychological screening that has been completed prior to the request for a surgical intervention. Based on the above mentioned facts, the patient does not meet criteria for the requested procedure. The request for a minimally invasive right L3-4, L4-5 laminotomies with right L3/L4, L4/L5 foraminiotomies is not medically necessary and appropriate.