

<b>Case Number:</b>	CM13-0027289		
<b>Date Assigned:</b>	03/19/2014	<b>Date of Injury:</b>	09/29/2000
<b>Decision Date:</b>	04/23/2014	<b>UR Denial Date:</b>	09/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/20/2013

### 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, has a subspecialty in Spine 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 patient is a 54-year-old female who reported an injury on 09/29/2000. The mechanism of injury was noted to be the patient and a coworker was lifting a 100 pound box. The patient's diagnosis was chronic low back pain. The patient had a prior lumbar spine L4 to sacrum decompression and fusion. The patient had an MRI of the lumbar spine without contrast on 07/29/2013 which revealed at L3-4, there was mild posterior bony spurring extending into the bilateral foraminal zones and a discectomy with osseous fusion across the intervertebral disc space. There were bilateral transpedicular screws in the L3 vertebral body. There was no foraminal narrowing and no central canal stenosis. The facet joints were obscured by metallic artifact. The documentation submitted with the request indicated the patient had subjective complaints of constant sharp aching pain in the low back radiating into the right leg. The patient had associated numbness, tingling, and weakness in the affected area. The patient's pain was aggravated by prolonged standing, sitting, and walking, and was alleviated by lying down and elevating her legs. Physical examination revealed the patient had 5/5 motor strength, reflexes were bilaterally patellar 2 and Achilles 1, there was diffuse nondermatomal sensory hypoesthesia in the entire left leg. The treatment requested was an updated MRI of the lumbar spine. The documentation in appeal indicated that the physician opined the patient's symptomatology of back and leg pain that was worse with standing and walking and was relieved by lying down would be consistent with neurogenic claudication. The physician indicated the patient had significant spinal stenosis seen on the MRI at the level just proximal to the previous lumbar fusion. Epidural steroid injections were not helpful to the patient. The request once again was for a revision laminectomy at L3-4.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L3-4 BILATERAL REVISION LAMINECTOMY:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): s 308-310.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), LOW BACK CHAPTER

**Decision rationale:** Official Disability Guidelines, indicate that a laminectomy is recommended for spinal stenosis. The clinical documentation submitted for review failed to indicate the patient had stenosis per the MRI of the lumbar spine dated 07/29/2013. The patient's physical examination revealed 5/5 motor strength, reflexes were bilaterally patellar 2 and Achilles 1, and there was diffuse nondermatomal sensory hypoesthesia in the entire left leg. The physician opined the back and leg pain that was worse with standing and walking and was relieved by lying down would be consistent with neurogenic claudication. While the MRI failed to indicate that the patient had stenosis, the patient had signs and symptoms of neurogenic claudication. Given the above, exceptional factors, the request for an L3-4 bilateral revision laminectomy is medically necessary.