

<b>Case Number:</b>	CM13-0027691		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	07/13/1994
<b>Decision Date:</b>	11/03/2014	<b>UR Denial Date:</b>	09/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2013

### 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 Spine Surgery and is licensed to practice in 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 injured worker is a 63-year-old female who reported an injury on 07/13/1994. The mechanism of injury was not stated. The current diagnoses include lumbar spine stenosis with neurogenic claudication, failed back surgery syndrome, lumbar degenerative disc disease, migraines, cervicogenic headaches, cervical postlaminectomy syndrome, cervical discogenic pain, myofascial pain syndrome, lumbar spine stenosis, sacroiliac joint dysfunction, and lumbar facet arthropathy. The latest physician progress report submitted for this review is documented on 08/30/2013. The injured worker presented with complaints of persistent pain and activity limitation. Previous conservative treatment is noted to include rest, medications, cold therapy, and epidural steroid injections. The current medication regimen includes Opana ER, alprazolam, Lidoderm patch, Percocet, Lyrica, Ambien, and Lexapro. Physical examination of the lumbar spine revealed tenderness to palpation at L5-S1, severe pain with extension, limited lumbar range of motion, positive straight leg raising bilaterally, positive Patrick's maneuver, positive Faber testing, bilateral lumbar spasm, an antalgic gait, diminished strength in the right lower extremity, and decreased sensation in the left lower extremity. Treatment recommendations at that time included continuation of the current medication regimen and home exercise program. There was no Request for Authorization form submitted for this review. It is noted that the injured worker underwent a CT scan of the lumbar spine on 07/19/2013, which indicated multifactorial moderate central canal and lateral recess effacement at L3-4 with a disc bulge causing left foraminal narrowing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LUMBAR MINIMALLY INVASIVE DECOMPRESSION (M.I.L.D) UNDER FLUOROSCOPIC GUIDANCE WITH ANESTHESIA: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. The California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation may be indicated for patients who have severe and disabling lower extremity symptoms, activity limitation for more than 1 month, clear clinical, imaging and electrophysiologic evidence of a lesion, and a failure of conservative treatment.

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation may be indicated for patients who have severe and disabling lower extremity symptoms, activity limitation for more than 1 month, clear clinical, imaging and electrophysiologic evidence of a lesion, and a failure of conservative treatment. There was no specific level at which the surgical decompression will take place listed in the request. Therefore, the current request is not medically necessary.