

<b>Case Number:</b>	CM13-0028613		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	02/03/2011
<b>Decision Date:</b>	02/03/2014	<b>UR Denial Date:</b>	09/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2013

### 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 Orthopedics and is licensed to practice in New York, New Hampshire and Washington. 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:

The patient is a 57 year old male crane operator who sustained an injury when he ran into an object that struck him in the groin and caused him to fall on 2/3/2011. He has had physical therapy. Lumbar MRI on 7/20/2013 demonstrates L3-4 moderate/severe stenosis. These findings are unchanged from a previous MRI on 10/2/2008. At L4-5 there was also moderate stenosis which was also unchanged from the prior MRI. At L5-1 there is a mild disk bulge which does not cause spinal stenosis. The patient has been treated with TENS unit and narcotic pain meds. He has chronic back pain and pain into his legs. Physical exam shows decreased range of back motion and positive straight leg raise. Another exam by requesting surgeon indicates weakness in knee flexion and extension and ankle plantar and dorsiflexion with diminished sensation in L4, L5 and S1 dermatomes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**3 level L3-L4, L4-L4, L5-S1 laminectomy with partial facetectomy:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

**Decision rationale:** This patient does not meet established criteria for multilevel lumbar decompression and fusion surgery. There is no documentation of neurogenic claudication. There is no clearly documented specific nerve root deficit on physical exam that is correlated with imaging studies of specific nerve root compression. Also, there is no evidence of L5-S1 spinal stenosis on imaging studies that would warrant decompressive surgery at this level. With respect to fusion, there is no documented instability, fracture, or concern for tumor at any lumbar level. There are no red flag indicators for spinal surgery to include concern for tumor or severe neurologic deficit. Lumbar decompression and fusion surgery from L3-S1 is not medically necessary at this time. Criteria not met.

**Decompression of thecal sac and nerve root followed by fusion:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

**Decision rationale:** This patient does not meet established criteria for multilevel lumbar decompression and fusion surgery. There is no documentation of neurogenic claudication. There is no clearly documented specific nerve root deficit on physical exam that is correlated with imaging studies of specific nerve root compression. Also, there is no evidence of L5-S1 spinal stenosis on imaging studies that would warrant decompressive surgery at this level. With respect to fusion, there is no documented instability, fracture, or concern for tumor at any lumbar level. There are no red flag indicators for spinal surgery to include concern for tumor or severe neurologic deficit. Lumbar decompression and fusion surgery from L3-S1 is not medically necessary at this time. Criteria not met. Since the primary procedure is not medically necessary, none of the associated services are medically necessary.