

<b>Case Number:</b>	CM13-0029440		
<b>Date Assigned:</b>	11/01/2013	<b>Date of Injury:</b>	10/11/2004
<b>Decision Date:</b>	02/24/2014	<b>UR Denial Date:</b>	09/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2013

### 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 Neurology 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 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 70-year-old male who reported a work-related injury on 10/11/2004, as a result of a fall. The patient presents for treatment of lumbar spine pain complaints and right greater than left leg pain, and right hip pain. The MRI of the lumbar spine dated 03/19/2013 signed by [REDACTED] revealed: (1) Since previous MRI of the lumbar spine dated 01/06/2012, the only change noted was the L1-2 mild disc degeneration and 2 to 3 mm annulus bulge and was not present earlier. There is L1-2 moderate foraminal stenosis bilaterally. (2) At both the L2-3 and L3-4 levels, the facet and disc disease cause a mild central canal stenosis and a mild bilateral foraminal stenosis. (3) At the L4-5 and L5-S1 levels, foraminal stenosis is moderate bilaterally. The clinical note dated 04/15/2013 reports the patient was seen under the care of [REDACTED] for his pain complaints. The provider documents the patient reports bilateral lower extremity pain complaints. The provider documented after review of the patient's lumbar spine, the provider recommended a need for a foraminal and lateral recess decompression at L2-3, L3-4, and L4-5 bilaterally.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Foraminotomy and lateral recess decompression and mesiofacetectomy L2-3, L3-4, L4-5, bilaterally, inpatient LOS 1-2 days: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), American Medical Association (AMA)

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

**Decision rationale:** The current request is not supported. The clinical documentation submitted for review fails to evidence support for the multilevel decompressive surgical intervention to the patient's lumbar spine at this point in his treatment. The clinical documentation submitted for review failed to document a recent thorough physical exam of the patient evidencing any motor, neurological or sensory deficits. In addition, imaging of the patient's lumbar spine reveals mild central canal stenosis at the L2-3 and L3-4 levels. At the L4-5 and L5-S1 levels, foraminal stenosis was noted as moderate. The clinical notes failed to document when the patient last utilized conservative active treatment modalities for his pain complaints, a current medication regimen, and objective findings of symptomatology upon exam of the patient to support the requested operative procedures. As California MTUS/ACOEM indicates surgical interventions are supported for patients with activity limitations due to radiating leg pain for more than 1 month or extreme progression of lower leg symptoms, clear clinical imaging and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair and failure of conservative treatment to resolve disabling radicular symptoms. Given all of the above, the request for foraminotomy and lateral recess decompression and mesiofacetectomy L2-3, L3-4, L4-5, bilaterally is not medically necessary or appropriate.

**Internist admission H&P, medical management during hospitalization is not medically necessary and appropriate.:** 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.