

<b>Case Number:</b>	CM13-0044990		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	01/20/2013
<b>Decision Date:</b>	02/28/2014	<b>UR Denial Date:</b>	10/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### 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 Spine surgery, and is licensed to practice in New York. 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 40-year-old female with the date of injury January 20, 2013. The patient complains of chronic low back pain radiating to the right lower extremity. Physical examination reveals decreased range of lumbar motion and sensation loss in the right L5 dermatome. MRI (magnetic resonance imaging) from April 2013 reveals minimal spondylosis with subtle disc bulges with mild left foraminal narrowing at L5-S1, L4-5, and L3-4. There is no evidence of instability no evidence of severe stenosis no evidence of significant nerve root compression documented on the MRI imaging study. The treatment to date is clear lumbar ESI (epidural steroid injection), acupuncture, physical therapy, chiropractic care, brace, medication and activity modification. At issue is whether right L4-5 laminotomy is medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right lumbar laminectomy/foraminotomy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back chapter

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back chapter

**Decision rationale:** This patient does not meet established criteria for lumbar decompressive surgery. Specifically the MRI (magnetic resonance imaging) does not show any evidence of significant nerve root compression in the lumbar spine. Because the physical examination does not correlate with MRI imaging showing a compressed nerve root of lumbar spine, the patient does not meet existing criteria for lumbar discectomy surgery. The criteria for laminotomy surgery not met.

**Post-op PT (physical therapy) 12 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back chapter.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary

**Pre-op clearance:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACC/AHA 2007 guidelines.  
<http://circ.ahajournals.org/cgi/content/full/116/17/e418>

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back chapter.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.