

<b>Case Number:</b>	CM13-0055011		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	09/02/2013
<b>Decision Date:</b>	04/02/2014	<b>UR Denial Date:</b>	11/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2013

### 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 Occupational Medicine 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 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 applicant is represented [REDACTED] employee who has filed a claim for low back pain reportedly associated with an industrial injury of September 12, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; eight sessions of physical therapy to date; and several months off of work. In a utilization review report of November 12, 2013, the claims administrator denied a request for an L2 through S1 lumbar decompression surgery. The claims administrator cited both ACOEM Guidelines and Non-MTUS ODG Guidelines, although the guidelines cited do not directly address the request for the decompression surgery purposed here. The applicant subsequently appealed. A September 25, 2013 progress note is notable for comments that the applicant reports persistent low back pain radiating to the bilateral lower extremities, 8/10, the applicant had negative straight leg raising and diminished lower extremity strength ranging from 4 to 5/5. The applicant was seemingly placed off of work, on total temporary disability. Electrodiagnostic testing of December 19, 2013 is notable for active and chronic L5 radiculopathy with underlying sensory peripheral neuropathy involving the bilateral lower extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L2-S1 DECOMPRESSION:** Overturned

**Claims Administrator 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.

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

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 307, spinal stenosis has a gradual onset and usually manifests as a degenerative process after age 80. The surgical treatment for spinal stenosis is "usually complete laminectomy." While surgery is generally rarely considered in the first three months after onset of symptoms, in this case, however, the applicant has "moderate-to-severe symptoms," as suggested by ACOEM. Individuals with moderate-to-severe symptoms may benefit more from surgery than from conservative treatment, Yes, the proposed L2 through S1 lumbar decompression surgery is medically necessary, medically appropriate, and indicated here. ACOEM notes. In this case, the applicant has seemingly proven refractory to time, medications, physical therapy, etc. The applicant is off of work, on total temporary disability. The applicant has clinically evident spinal stenosis with attendant symptoms of low back radiating to the legs. The applicant has signs of lower extremity weakness with 4/5 strength noted bilaterally. The applicant has multilevel spinal stenosis appreciated on lumbar MRI imaging. Electrodiagnostic testing of December 19, 2013 was notable for comments that the applicant had continued complaints of low back pain radiating to the bilateral lower extremities and again had limited lower extremity strength. There was electrodiagnostic evidence of radiculopathy, presumably induced by spinal stenosis. As noted by ACOEM, given the failure of conservative treatment, the purposed surgical treatment here, a multilevel decompression surgery/complete laminectomy is indicated and appropriate. Therefore, the original utilization review decision is overturned. The request is certified, on independent medical review.