

<b>Case Number:</b>	CM13-0059486		
<b>Date Assigned:</b>	02/10/2014	<b>Date of Injury:</b>	02/09/2010
<b>Decision Date:</b>	05/23/2014	<b>UR Denial Date:</b>	11/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2013

### 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 Surgery, 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 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 claimant is a 56-year-old male who sustained an injury to the low back on 2/9/10. The clinical records provided for review include a 10/31/13 progress report documenting that the claimant is status post an L4-5 decompression, but continues to complain of pain. He denies significant change and has continued low back and right leg symptoms. Physical examination findings showed equal and symmetrical reflexes with 5/5 motor strength of the lower extremities, a positive right sided straight leg raise, restricted lumbar range of motion, and hypoesthesias to sensation in a right S1 dermatomal distribution. Review of a 10/17/13 MRI report demonstrated epidural scar formation and facet changes at L4-5 with a synovial cyst at the L5-S1, level but no documentation of compressive pathology. The claimant was diagnosed with a residual L5-S1 radiculopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **L4-5 LUMBAR LAMINOTOMY DISCECTOMY: 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): 306.

**Decision rationale:** The California MTUS/ACOEM guidelines do not support the request for the role of the proposed L4-5 lumbar laminotomy and discectomy. Records document a prior laminectomy with MRI findings consistent with epidural scar formation. Given the claimant's ongoing findings that were indicative of S1 pathology on imaging and physical examination, the request for an L4-5 revision procedure cannot be recommended as medically necessary.

**L5-S1 LAMINECTOMY WITH EXCISION OF AN INTRASPINAL LESION:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

**Decision rationale:** The California MTUS/ACOEM guidelines would not support the role of the L5-S1 laminectomy with excision of an intraspinal lesion. While the claimant is noted to have a synovial cyst, there is no clinical documentation of compressive pathology on imaging that would support the proposed surgery. Given the claimant's presentation without documentation of electrodiagnostic studies or documentation of recent conservative measures aimed at the L5-S1 level, the role of acute surgical process is not medically necessary.

**LUMBAR CORSET:** 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.

**MEDICAL CLEARANCE:** 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.