

<b>Case Number:</b>	CM13-0067648		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	09/23/2011
<b>Decision Date:</b>	04/07/2014	<b>UR Denial Date:</b>	11/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2013

### 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 Orthopedic Surgery, has a subspecialty in Orthopedic 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 58-year-old male who complains of pain in the legs and difficulty walking. Physical examination reveals a healed lumbar scar with a decreased range of motion of the lumbar spine. There is decreased sensation in the bilateral L4-5 distribution. Straight leg raising causes back and buttock pain. The patient had previous right-sided L4-5 laminectomy and discectomy. This was done in October 2011. MRI lumbar spine from August 7, 2013 shows mild central canal stenosis with moderate right neural foraminal stenosis at L4-5. There is moderate central canal Stenosis at L3-4 with mild bilateral foraminal stenosis at L3-4. An issue whether or not lumbar decompressive surgery is medically necessary at this time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Decompressive laminectomy with foraminotomies L3-L4, L4-L5:** Upheld

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

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

**Decision rationale:** This patient does not meet established criteria for lumbar decompressive surgery at this time. Specifically, the medical records did not contain documentation of her recent trial of failure of conservative measures since the patient's previous surgery. A trial of conservative care is not outlined. There is no mention of NSAID use, and active exercise program, injection therapy, or other conservative measures for the treatment of back and leg pain. In addition, no specific functional deficit secondary to this condition is noted. Specifically radiculopathy is not documented on physical examination. There is no clear correlation between radiculopathy on physical examination and the patient's MRI imaging study. Establish criteria for lumbar decompressive surgery is not met at this time.