

<b>Case Number:</b>	CM14-0005439		
<b>Date Assigned:</b>	04/30/2014	<b>Date of Injury:</b>	11/16/2012
<b>Decision Date:</b>	07/09/2014	<b>UR Denial Date:</b>	12/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2014

### 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 Orthopaedic Surgery, has a subspecialty in Spine Surgery and is licensed to practice in Mississippi. 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 record notes a 62-year-old individual with a date of injury of November 16, 2012. The mechanism of injury was a slip and fall on stairs, landing on the back of the neck and the mid and low back. A progress note dated November 20, 2013 is provided for review in support of the above noted request indicating that the claimant presents with an increase in back pain. Medications were reportedly not helping. Severe lumbar pain and bilateral radiating leg pain and neck pain with radiation down the right arm was reported. The pain was rated 8-9/10. Paresthesias radiating down the leg are also reported. Physical examination demonstrated decreased range of motion of the lumbar spine. An antalgic gait was noted. An attempt at heel walking demonstrated a total drop on the left. Past medical history is significant for hypercholesterolemia, hypertension, kidney and bladder disease, cancer and diabetes. The claimant's BMI was 29.5. The diagnoses include: low back pain; DLDD; and lumbar spondylolisthesis. The treatment recommendation was for a laminotomy (hemilaminectomy) with decompression of nerve roots, including a partial facetectomy, foraminotomy, and/or excision of a herniated intravertebral disc; S1 hemilaminectomy and micro discectomy, and a one night hospital stay. An MRI of the lumbar spine dated August 22, 2013 is provided for documenting T6-8 to have mild facet arthropathy and ligament template from hypertrophy causing mild left greater than right neural foraminal narrowing. At L3-4 a persistent small posterior disc bulge causing mild left neural foraminal narrowing is reported. At L4-5, an improved central annular fissure with a persistent small posterior disc bulge and persistent mild left greater than right neural foraminal narrowing is reported. At L5-S1, a persistent small paraforaminal disc extrusion narrows the left subarticular recess. Persistent moderate left and mild right neural foraminal narrowing is reported. A stable small bilateral S2-3. Sacral Tarlov

cyst is reported. Physical therapy is referenced in the medical records which worsened the condition.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **LUMBAR LEFT L5-S1 HEMILAMINOTOMY AND MICRODISCECTOMY: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Discectomy/Laminectomy.

**Decision rationale:** The medical treatment guidelines do not support surgical intervention for the diagnosis noted (in the absence of red flag findings) prior to exhaustion of conservative measures. The medical record provides no documentation evidencing the duration of treatment of physical medicine modalities, and no description of the conservative measures that have been provided, to which the claimant has not responded. A reference is made in several progress notes of epidural steroid injections, but there is no documentation of these injections in the records provided for review. Physical therapy was discontinued early on in the course of treatment noted in the medical record, which is without reference to a number of sessions provided or any home exercise regimen. The medical record documents a diagnosis of spondylolisthesis; however, flexion and extension views provided in the medical record indicate that there is no evidence of an anterolisthesis or retrolisthesis. Additionally, no electrodiagnostic studies are provided in support of the diagnosis. Based on the clinical data available, there is insufficient documentation to evidence that the appropriate conservative treatment was provided prior to the recommendation for surgical intervention. As such, this request is not medically necessary.

#### **ONE NIGHT INPATIENT STAY: 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.