

<b>Case Number:</b>	CM14-0009573		
<b>Date Assigned:</b>	02/14/2014	<b>Date of Injury:</b>	01/01/2000
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	01/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2014

### 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 Orthopedic Surgery and is licensed to practice in Minnesota. 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 patient is a 66 year old female with a 1/1/00 date of injury. An 11/4/13 note described complaints of increasing lumbar pain (2/10) with neurogenic claudication; muscles spasms; and left lower extremity radicular symptoms. There was positive SLR, negative left facet loading, and decreased sensation in the L4 dermatome. An 11/26/13 CT of the lumbar spine revealed a 5 mm spondylolisthesis of L3 anterior on L4 with narrowing of the disc; progressive degenerative changes seen at the disc with irregularly of the endplates. Pedicular screws and rods were seen at L4-S1 and the left rod appeared fractured at the L5 level. A 1/8/14 surgical consultation indicated a bump on the low back and inguinal pain, pain with facet loading activity and decreased tolerance. Lumbar spine reveals an obvious scoliosis, moderate tenderness in the lumbar spine, decreased sensation at L4, and pain at that L4 spinous process that is exacerbated by sitting or lying down. A 1/22/14 progress note documented chronic low back pain, status post fusion; loose hardware, and moderate risk for opioid abuse. The treating provider has requested excision of spinous process at L4 and cardiac clearance.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **EXCISION OF SPINOUS PROCESS L4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306.

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

**Decision rationale:** Medical necessity for the requested excision of the L4 spinous process has not been established. The patient has hardware failure and a 5 mm spondylolisthesis of L3 anterior on L4 with narrowing of the disc. Within the medical records provided for review, it was not discussed and it is unclear how spinous process excision would address these issues. Furthermore, the patient has neurogenic claudication with progressive neurological deficits, which would not be addressed with the requested surgical treatment. The request for excision of the L4 spinous process is not substantiated. The requested service is not medically necessary and appropriate.

**CARDIAC CLEARANCE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG Low Back Chapter.

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