

<b>Case Number:</b>	CM14-0009822		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	12/18/2012
<b>Decision Date:</b>	06/25/2014	<b>UR Denial Date:</b>	01/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/24/2014

### 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, has a subspecialty in 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 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 has back pain. MRI describes L4-5 central disc bulge. The patient has numbness of the posterior thigh and calf. Physical exam reports normal reflexes normal motor testing and a positive right straight leg raise. X-ray show degenerative spurring at L2-3 and L4-5. MRI from December 2013 shows L4-5 with disc protrusion with moderate central lateral recess stenosis. At issue is whether surgical treatment 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:

#### **RIGHT L4-5 LAMINOTOMY AND DISKECTOMY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lumbar.

**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 decompression at this time. Specifically, there is no documented neurologic deficit in the lower extremities mentioned in the medical records. The imaging studies do not show any evidence of neural compression that is correlated with a specific neurologic deficit on physical examination. Surgery for lumbar decompression is not medically necessary in this patient.

