

<b>Case Number:</b>	CM14-0106583		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	06/02/2004
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	06/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2014

### 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 (Spine Fellowship Trained) 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:

According to the records made available for review, this is a 60-year-old male with a 6/2/04 date of injury. At the time (4/29/14) of request for authorization for Bilateral L3-S1 Laminotomies/Foraminotomies, possible stabilization, there is documentation of subjective (low back pain radiating into buttocks, groin, left anterior and posterior thigh, knee, and the dorsal and plantar aspect of the foot) and objective (decreased sensation of the right L4, L5, and S1 dermatome distribution and absent bilateral ankle reflexes ) findings, imaging findings (reported MRI of the lumbar spine (12/26/13) revealed minimal grade I retrolisthesis of L5 with respect L4 and multilevel disc disease and spondylosis, multilevel lateral recess stenosis, and multilevel pedicular shortening, and facet joint arthritis; report not available for review), current diagnoses (L3-S1 bilateral stenosis, L5-S1 spondylolisthesis, L4-S1 disc degeneration/severe facet arthropathy, and bilateral; lumbar radiculopathy), and treatment to date (medications, epidural steroid injections, and activity modifications). There is no documentation of imaging findings (nerve root compression or MODERATE OR greater central canal, lateral recess, or neural foraminal stenosis).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral L3-S1 Laminotomies/Foraminotomies, possible stabilization:** Upheld

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

**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 Chapter, Discectomy/laminectomy

**Decision rationale:** MTUS reference to ACOEM Guidelines identifies documentation of severe and disabling lower leg symptoms in the distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise; and activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms, as criteria necessary to support the medical necessity of laminotomy/fusion. ODG identifies documentation of Symptoms/Findings (pain, numbness or tingling in a nerve root distribution) which confirm presence of radiculopathy, objective findings (sensory changes, motor changes, or reflex changes (if reflex present)) that correlate with symptoms, and imaging findings (nerve root compression or moderate or greater central canal, lateral recess, or neural foraminal stenosis) in concordance between radicular findings on radiologic evaluation and physical exam findings, as criteria necessary to support the medical necessity of decompression. Within the medical information available for review, there is documentation of diagnoses of L5-S1 bilateral stenosis, L5-S1 spondylolisthesis, L4-S1 disc degeneration/severe facet arthropathy, and bilateral; lumbar radiculopathy. In addition, there is documentation of symptoms (low back pain radiating into buttocks, groin, left anterior and posterior thigh, knee, and the dorsal and plantar aspect of the foot) which confirm presence of radiculopathy (L4-S1). Furthermore, there is documentation of objective (decreased sensation of the right L4, L5, and S1 dermatome distribution and absent bilateral ankle reflexes) findings that correlate with symptoms. However, despite documentation of Imaging (minimal grade I retrolisthesis of L5 with respect L4 and multilevel disc disease and spondylosis, multilevel lateral recess stenosis, and multilevel pedicular shortening, and facet joint arthritis) findings, there is no documentation of imaging findings (nerve root compression or MODERATE OR greater central canal, lateral recess, or neural foraminal stenosis). Therefore, based on guidelines and a review of the evidence, the request for Bilateral L3-S1 Laminotomies/Foraminotomies, possible stabilization is not medically necessary.