

<b>Case Number:</b>	CM14-0010764		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	01/28/2013
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	12/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2014

### 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 Occupational Medicine and is licensed to practice in Occupational Medicine. 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 34-year-old male who has submitted a claim for lumbar disc displacement without myelopathy, lumbar radiculopathy, and moderate left-sided foraminal herniation at L4-L5 with moderate spinal stenosis associated with an industrial injury date of 01/28/2013. The medical records from 2013 to 2014 were reviewed. Patient complained of chronic low back pain radiating to the left lower extremity. Lumbar range of motion was restricted. Left extensor hallucis longus strength was graded 3+/5. Straight leg raise test was positive at the left. Achilles reflexes were +1 symmetrically. Gait was antalgic. Sensory examination was diminished at left lower extremity. An MRI of the lumbar spine, dated 03/18/2013, revealed a 4 mm central protrusion at L5-S1, and mild central spinal stenosis at L4-L5 level. An MRI of the lumbar spine, dated 11/21/2013, demonstrated hypertrophy of ligamentum flavum at bilateral L4-L5 indenting the thecal sac with mild narrowing of the left neural foramen. At the L5-S1 level, there was a central posterior disc protrusion with mild narrowing of both neural foramina. Treatment to date has included lumbar epidural steroid injection, left lumbar plexus nerve block, hip arthroscopy, physical therapy, and medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Remove spine lamina lumbar:** 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): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Section, Discectomy / Laminectomy.

**Decision rationale:** Regarding the lumbar surgery, the California MTUS ACOEM Guidelines state that lumbar surgical intervention is recommended for patients who have: severe lower leg symptoms in the distribution consistent with abnormalities on imaging studies, preferably with accompanying objective signs of neural compromise; activity limitations for more than one month; clear imaging of a lesion; and failure of conservative treatment to resolve disabling radicular symptoms. The ODG states that criteria for an L4 laminectomy include severe unilateral quadriceps / tibialis anterior weakness or mild atrophy, and unilateral hip / thigh / knee / medial pain. In this case, patient complained of chronic low back pain radiating to the left lower extremity. Extensor hallucis longus strength was graded 3+/5. Dysesthesia and a positive straight leg raise test were positive at the left. An MRI of the lumbar spine, dated 11/21/2013, demonstrated hypertrophy of ligamentum flavum at bilateral L4-L5 indenting the thecal sac with mild narrowing of the left neural foramen. At the L5-S1 level, there was a central posterior disc protrusion with mild narrowing of both neural foramina. Symptoms persisted despite lumbar epidural steroid injection, left lumbar plexus nerve block, physical therapy, and medications. The patient meets guideline criteria for lumbar surgery; however, the present request as submitted failed to specify intended level for laminectomy. Therefore, the request for the remove spine lamina lumbar is not medically necessary.