

<b>Case Number:</b>	CM14-0114358		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	10/21/1982
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	07/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2014

### 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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

A 6/30/14 note indicates the insured is s/p L4-5 revision laminectomy. There were no changes in symptoms. There is continued low back pain with pain down the leg. An examination notes SLR is negative. Muscle strength is normal. MRI is reported to show severe stenosis at L2,3,4 with no sign of instability or spondylolisthesis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral L2-L3 and L3-L4 Hemilaminotomy and Microscopic Nerve Root Decompression:**  
Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back, laminectomy/laminotomy Other Medical Treatment Guideline or Medical Evidence.

**Decision rationale:** The medical records provided for review indicate 2 previous surgeries without improvement in symptoms. There is no indication of neurologic impairment and no finding by neuroimaging of instability. Hemilaminectomy is not supported under ODG guidelines for treatment of spinal stenosis. This request is not medically necessary.

**1 Day of In patient Hospital Stay:** 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) low back, hospital length of stay Other Medical Treatment Guideline or Medical Evidence.

**Decision rationale:** Surgery is not supported under ODG guidelines and as such hospital stay is not supported. Therefore the request is not medically necessary.

