

<b>Case Number:</b>	CM14-0132461		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	06/17/2011
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	08/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2014

### 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 Surgeon 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:

The injured worker is a 34-year-old female, who reported an injury on 06/17/2011 after a fall off of a ladder. The injured worker reportedly sustained an injury to her lumbar spine that ultimately resulted in fusion surgery on 09/19/2012. The injured worker was treated post surgically with physical therapy, multiple medications, and epidural steroid injections. The injured worker had ongoing right lower extremity pain complaints and significant weakness interfering with activities of daily living and ambulation. The patient underwent an MRI on 03/15/2013. The MRI concluded there were neither discogenic changes nor central or foraminal stenosis. There were postoperative changes at the L5-S1 evidencing fusion surgery with mild bilateral foraminal stenosis without nerve root impingement. It was documented that there was no evidence of previous laminectomy. The injured worker was evaluated on 03/17/2014. It was documented that the injured worker had persistent pain complaints of the low back that radiated into the right lower extremity. Physical findings included an absent Achilles reflex on the right with decreased patellar reflex bilaterally and 5-/5 in motor strength in ankle dorsiflexion. The injured worker's diagnoses at that appointment included spinal stenosis of the lumbar spine and radiculitis of the lumbar spine. It was documented that it was felt the injured worker had spinal stenosis at the L5-S1. It was noted that the injured worker had previously undergone an EMG and nerve conduction study that did not find any significant abnormalities or evidence of radiculopathy. The injured worker's treatment plan included partial laminectomy and foraminotomy of the L5-S1 in an attempt to relieve the injured worker's right lower extremity pain. A Request for Authorization form, dated 06/04/2014, was submitted to support the request. A letter of appeal, dated 06/18/2014, documented that the request received no authorization due to a lack of lateral recess stenosis or foraminal stenosis evidenced on the MRI. An additional Request for Authorization form to serve as an appeal, dated 06/18/2014, was submitted. The injured worker

underwent a diagnostic epidural steroid injection on 07/15/2014. The injured worker was evaluated on 08/01/2014. It was documented that the injured worker had significant right lower extremity weakness and used a cane to assist with a safe ambulation. It was noted that the diagnostic right S1 epidural steroid injection did not provide significant relief of symptoms. Physical findings included 4/5 motor strength of the right ankle dorsiflexion and plantarflexion with an absent Achilles reflex and reduced patellar reflexes bilaterally with 5-/5 ankle dorsiflexion on the left and 4/5 plantarflexion on the left. It was documented that although the injured worker did not receive any relief from an epidural steroid injection, the treating provider did not feel this was a good prognostic indicator for relief of pain after surgery. It was also noted that the injured worker had received a second opinion that agreed there is stenosis on the right side of the L5-S1. A request was again made for right L5-S1 partial laminectomy and foraminotomies. A Request for Authorization form was submitted on 08/07/2014 to support the request.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Right L5-S1 partial laminectomy and foraminotomy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306.

**Decision rationale:** The American College of Occupational and Environmental Medicine recommend surgical intervention for the lumbar spine is based on documentation of clinical findings of radiculopathy corroborated by an imaging study that has failed to respond to conservative treatment. The clinical documentation submitted for review does indicate that the injured worker has undergone an MRI that identifies mild neural foraminal stenosis without nerve root impingement. Therefore, there is no clear imaging evidence of neural impingement that would benefit from the requested surgical intervention. The injured worker underwent a diagnostic epidural steroid injection that did not provide adequate relief to the injured worker. Therefore, the injured worker's specific pain generator cannot be identified. As such, the requested Right L5-S1 partial laminectomy and foraminotomy is not medically necessary.