

<b>Case Number:</b>	CM14-0176855		
<b>Date Assigned:</b>	10/30/2014	<b>Date of Injury:</b>	12/15/2011
<b>Decision Date:</b>	12/05/2014	<b>UR Denial Date:</b>	09/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2014

### 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 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:

8/23/12 MRI lumbar spine reports severe congenital canal stenosis with superimposed acquired canal stenosis at L2-3 L3-4 and L1-2. 8/21/12 EMG reports findings of abnormal study suggestive of chronic active L5 radiculopathy, left greater than right. 7/31/14 note reports low back pain with radiation down the legs bilaterally. There is intermittent bilateral knee pain. Examination notes bilateral shoulder tenderness and mild spasm about the trapezius muscles. There is restricted range of motion. There is bilateral wrist pain and positive tinels bilaterally. There is pain to palpation of the trapezius muscles. There is restricted range of motion and positive SLE bilaterally. 8/22/14 CT spine notes hypertrophic bone changes with stenosis at T12-L1 and L1-2. There is congenital spinal canal narrowing. 9/29/14 MRI report indicates L2-3 DJD, L3-4 DJD and L4-5 DJD with borderline canal stenosis at L2-3.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar decompression and Laminotomies AT L2-3, L3-4 and L4-5.:** Upheld

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

**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

**Decision rationale:** The medical records provided for review do not support the presence of spine instability or demonstrate persistent neurologic deficits by examination. Electrodiagnostic evaluation does not support any nerve impairment at all the levels requested for surgery and there is no corroboration by imaging of spinal canal stenosis, nerve impingement or spinal cord impingement at L3-4 or L4-5. ODG guidelines do not support the noted surgery in the absence of such findings. Therefore the request is not medically necessary.

**Associated surgical service: Facility: no duration:** 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, laminectomy

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.