

<b>Case Number:</b>	CM14-0020248		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	09/13/2012
<b>Decision Date:</b>	07/07/2014	<b>UR Denial Date:</b>	02/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2014

### 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, has a subspecialty in Sports Medicine, and is licensed to practice in Pennsylvania. 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 32-year-old female who was injured on 09/13/12, sustaining an injury to the low back. The clinical records for review include an MRI (magnetic resonance imaging) report of 12/22/13 demonstrating a grade I anterior spondylolisthesis at the L5-S1 with associated loss of disc height and a disc protrusion at the L3-4 and the L4-5 level. Recent examination of 01/24/14 states continued complaints of low back pain with radiating leg pain, numbness and tingling. Physical exam revealed restricted range of motion with diminished extensor hallucis longus strength to the right lower extremity, positive straight leg raising, equal and symmetrical deep tendon reflexes. The patient has noted to have failed conservative care. There are recommendations for an L4-5 and an L5-S1 posterior lumbar laminectomy and foraminotomy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **L4-L5, L5-S1 POSTERIOR LUMBAR LAMINECTOMY AND FORAMINOTOMY:**

Upheld

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

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

**Decision rationale:** Based on California MTUS/ACOEM guidelines surgical intervention in the form of decompression at the L4-5 and the L5-S1 level would not be indicated. The ACOEM states, "Surgical discectomy for carefully selected patients with nerve root compression due to lumbar disk prolapse provides faster relief from the acute attack than conservative management; but any positive or negative effects on the lifetime natural history of the underlying disk disease are still unclear." While the individual is noted to be with a spondylolisthesis at the L5-S1 level, there is no current indication of positive neurocompressive findings at the L4-5 or L5-S1 level to support the acute need of a two level surgical process. Lack of clinical correlation in between the claimant's physical examination findings in imaging would not support the role of the above mentioned surgery. As such, the request is not certified.