

<b>Case Number:</b>	CM14-0026307		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	02/07/2013
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	02/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2014

### 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, 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:

According to the records made available for review, this is a 49-year-old male with a 2/7/13 date of injury. At the time (2/11/14) of request for authorization for left laminotomy and discectomy with decompression of L5 root for diagnosis, there is documentation of subjective (back pain, pain rated 7/10, pain radiating to the right ankle, right calf, right foot and right thigh, tingling in the plantar distal right foot) and objective (sensation intact, motor 5/5, DTRs 1+/2, pain extends into the right thigh and calf) findings, reported imaging findings (lumbar spine MRI (4/23/13) revealed L5-S1 left and right posterior lateral disc osteophyte complex with mild to moderate left, and mild right foraminal narrowing; L4-5 moderate foraminal narrowing, there is no evidence of herniated disc or central canal stenosis), current diagnoses (sciatica due to displacement of lumbar disc, sciatica), and treatment to date (physical therapy, activity modification, and epidural steroid injections). There is no documentation of objective findings (sensory changes, motor changes, or reflex changes that correlate with symptoms).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LEFT LAMINOTOMY AND DISCECTOMY WITH DECOMPRESSION OF L5 ROOT FOR DIAGNOSIS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

**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 Chapter, Discectomy/laminectomy.

**Decision rationale:** MTUS reference to ACOEM Guidelines identifies documentation of severe and disabling lower leg symptoms in the distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise; and activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms, as criteria necessary to support the medical necessity of laminotomy/fusion. ODG identifies documentation of Symptoms/Findings (pain, numbness or tingling in a nerve root distribution) which confirm presence of radiculopathy, objective findings (sensory changes, motor changes, or reflex changes (if reflex present)) that correlate with symptoms, and imaging findings (nerve root compression or MODERATE or greater central canal, lateral recess, or neural foraminal stenosis) in concordance between radicular findings on radiologic evaluation and physical exam findings, as criteria necessary to support the medical necessity of decompression. Within the medical information available for review, there is documentation of diagnoses of sciatica due to displacement of lumbar disc, sciatica. In addition, there is documentation of symptoms (pain, numbness or tingling in a nerve root distribution) which confirm presence of radiculopathy, and imaging findings (MODERATE neural foraminal stenosis). However, there is no documentation of objective findings (sensory changes, motor changes, or reflex changes that correlate with symptoms). Therefore, based on guidelines and a review of the evidence, the request for left laminotomy and discectomy with decompression of L5 root for diagnosis is not medically necessary.