

<b>Case Number:</b>	CM14-0034064		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	06/20/1994
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	03/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2014

### 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 and is licensed to practice in New York. 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 has a date of injury of June 20, 1994. Patient has chronic low back pain, and has had steroid injections, medications and exercises. On physical examination he has tenderness to the lumbar spine with decreased range of back motion. Motor strength is normal, sensation is normal, and reflexes are normal in the bilateral lower extremities. Straight leg raising is normal. X-rays of the lumbar spine show loss of disc height at L3-4, L4-5 and L5-S1. There is spondylolisthesis at L5-S1. Currently at issue is whether or not lumbar decompressive surgery is medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Bilateral laminectomy L3-4, L4-5: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, (ODG), Low Back Procedure.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

**Decision rationale:** This patient does not meet establish criteria for lumbar decompressive surgery. Specifically, there is no clear correlation between the patient's physical examination and

imaging studies showing specific compression of nerve roots. Documentation shows the patient's physical examination is neurologically normal. Criteria for lumbar decompressive surgery are not met. As such, the request is not medically necessary.

**24 hour observation in hospital:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

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