

<b>Case Number:</b>	CM14-0057397		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	11/13/2012
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	04/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2014

### 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 Neurological 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:

The records presented for review indicate that this 57-year-old female was reportedly injured on November 13, 2012. The mechanism of injury is noted as a motor vehicle accident. The most recent progress note, dated April 4, 2014, indicates that there are ongoing complaints of low back pain with radiculopathy. The physical examination demonstrated tenderness along the facet joints at L4-L5 and L5-S1. There was increased sensation of the first told bilaterally. Diagnostic imaging studies of the lumbar spine showed the postoperative changes of L4-L5 with asymmetrical disc bulge into the neural foramen. There was also a disc bulge at L5-S1 with facet arthropathy also resulting in neural foraminal narrowing. Previous treatment includes a bilateral L4-L5 hemi laminectomy, physical therapy, epidural steroid injections, and oral medications. A request had been made for a lumbar spine decompression and was not certified in the pre-authorization process on April 15, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Decompress spinal cord lumbar:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-308. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, Low Back.

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

**Decision rationale:** The ACOEM practice guidelines support a lumbar laminectomy/discectomy for the treatment of sub-acute and chronic radiculopathy due to ongoing nerve root compression in patients who continue to have significant pain and functional limitation after 6 weeks of conservative treatment. Review of the available medical records, documents that the injured employee has symptoms of radiculopathy and that there was increased sensation at the first told bilaterally, however there is no evidence of any neurological compromise on MRI. Considering this, the request for a decompression of the lumbar spinal cord is not medically necessary.