

<b>Case Number:</b>	CM14-0058204		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	01/23/2001
<b>Decision Date:</b>	09/03/2014	<b>UR Denial Date:</b>	03/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2014

### 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:

The injured worker is a 64-year-old female who reported an injury on 01/23/2001. The mechanism of injury was not stated. Current diagnoses include cervical spondylosis, thoracic spondylosis, postoperative changes in the lumbar spine, and spinal stenosis at L4-5. The injured worker was evaluated on 03/07/2014. It is noted that the injured worker underwent a lumbar fusion on an unknown date. Previous conservative treatment includes physical therapy and an epidural steroid injection. The injured worker presented with complaints of mechanical back pain with radiation into the bilateral lower extremities. Physical examination revealed a normal gait with 30 degree range of motion. Treatment recommendations at that time included a right L3-4 lateral discectomy with L4-5 bilateral laminectomy and right L5-S1 foraminotomy and exploration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Inpatient 2 day:** 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.

**Laminectomy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Discectomy/Laminectomy.

**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 Chapter, Discectomy/Laminectomy.

**Decision rationale:** California MTUS/ACOEM practice guidelines state a referral for surgical consultation is indicated for patients who have severe and disabling lower extremities symptoms, activity limitation for more than 1 month, clear clinical, imaging, and electrophysiologic evidence of a lesion, and a failure of conservative treatment. The Official Disability Guidelines state prior to a discectomy/laminectomy, there should be objective evidence of radiculopathy. Imaging studies should indicate nerve root compression, lateral disc rupture, or lateral recess stenosis. Conservative treatment should include activity modification, drug therapy, and epidural steroid injections. As per the documentation submitted, the injured worker's physical examination only revealed a normal gait with 30 degrees range of motion. There was no documentation of radiculopathy upon physical examination. There is no evidence of an exhaustion of conservative treatment. Based on the clinical information received and the above mentioned guidelines, the request is non-certified.