

<b>Case Number:</b>	CM14-0087828		
<b>Date Assigned:</b>	09/08/2014	<b>Date of Injury:</b>	02/24/2007
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	05/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2014

### 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 65-year-old gentleman was reportedly injured on February 24, 2007. The most recent progress note, dated March 25, 2014, indicated that there were ongoing complaints of low back pain radiating to the right lower extremity. The physical examination of the right lower extremities was stated to be unchanged from prior. Diagnostic imaging studies of the lumbar spine showed a left-sided disc bulge at L4-L5 with abutment of the L4 and L5 nerve roots. Radiographs of the lumbar spine demonstrated segmental instability. There were also disk bulges at L3-L4 and L5-S1. Previous treatment was not stated. A request had been made for an L3-S1 laminectomy, discectomy and L4-S1 arthrodesis and was not certified in the pre-authorization process on March 19, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L3-S1 Laminectomy, Discectomy, L4-S1 Arthrodesis, Cages, PISF, EBI:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 305-307 and 379. Decision based on Non-MTUS Citation Official Disability Guidelines - Low Back Chapter

**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 subacute and chronic radiculopathy due to ongoing

nerve root compression and for those who continue to have significant pain and functional limitation after 6 weeks of conservative treatment. The only progress note available for review was dated March 25, 2014, which does not indicate any abnormal neurological findings of the lower extremities. Considering this, the request for an L3- S1 laminectomy, discectomy and L4-S1 arthrodesis is not medically necessary.