

<b>Case Number:</b>	CM14-0095192		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	04/04/2007
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	05/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2014

### 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 indicates this 69-year- old gentleman was reportedly injured on April 4, 2007. The mechanism of injury is noted as driving over a rough field. The most recent progress note dated May 5, 2014, indicates that there are ongoing complaints of low back pain radiating to the right lower extremity. The physical examination demonstrated a slow and deliberate gait. There was decreased lumbar spine range of motion and a positive left-sided straight leg raise test at 45 degrees. There was decreased muscle strength at the right tibialis anterior and extensor hallucis longus bilaterally and quadriceps weakness on the right side. Diagnostic imaging studies revealed diffuse degenerative changes and disc bulges from L2 through S1 as well as mild impingement of the exiting left nerve root at L4/L5. Previous treatment is unknown. A request had been made for a bilateral L2/L3, L3/L4, and L4/L5 laminectomy and foraminotomy as well as a one-day inpatient stay and was not certified in the pre-authorization process on May 28, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral L2-3, L3-4, L4-5 laminectomy foraminotomy with surgeon assistant:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM: A. Lumbosacral Nerve Root Decompression.

**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 - Lumbar and Thoracic, Discectomy/Laminectomy, Updated August 22, 2014.

**Decision rationale:** According to the Official Disability Guidelines the criteria for a discectomy/laminectomy includes the presence of radiculopathy that correlates with symptoms, imaging, and physical examination findings. The MRI results indicating left sided L4 nerve root involvement do not correlate with the physical examination findings of left-sided EHL weakness and right-sided quadricep weakness. Considering this, the request for a bilateral L2/L3, L3/L4, and L4/L5 laminectomy/foraminotomy with a surgeon assistant is not medically necessary.

**(1) inpatient stay:** Upheld

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

**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 - Lumbar and Thoracic, Hospital Length of Stay, Updated August 22, 2014.

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