

<b>Case Number:</b>	CM14-0207770		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	12/01/2013
<b>Decision Date:</b>	02/25/2015	<b>UR Denial Date:</b>	11/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Texas  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 48-year-old male who reported an injury on 12/01/2013. The mechanism of injury was reported that the injured worker was running after a suspect and felt pain in the left hip. The injured worker was diagnosed with back pain in the lumbar region with radiculopathy. Previous treatments include ice, heat, physical therapy, facet joint injection, epidural steroid injection, and activity modification. It was noted that the injured worker had an MRI of the lumbar spine on 06/13/2014 that was abnormal. The MRI revealed very minimal disc bulging at L4-5, mild at L5-S1 not causing any significant narrowing of the spinal canal and only slightly flattening the thecal sac at L4-5; neural foraminal encroachment with mild bilateral at L2-3, L3-4 and L4-5 and minimal at L5-S1 not touching a nerve root at any of these levels; minimal to moderate facet degenerative changes throughout the lumbar spine. The injured worker was seen on 11/19/2014 for an office visit with complaints of left hip pain. The physical examination of the lumbar spine revealed no palpable muscle spasm, negative faber test, negative straight leg raise, no tenderness to palpation at the spinous processes. The injured worker had a positive straight leg raise in the L4 dermatome at 40 degrees with difficulty in changing positions and a positive left piriformis test. There was decreased range of motion in all planes secondary to pain and lower extremity strength was 5/5. Deep tendon reflexes were normal, there was no muscle atrophy and sensation was noted to include numbness and tingling in the left L4-5 dermatomal distribution. The injured worker had a steady gait. The treatment plan stated the injured worker was to alternate ice packs to control pain and swelling with heat to relax muscles, roll tight and spastic muscles with a tennis ball to mobilize and massage soft tissue and decrease pain, for deep

tissue mobilization, lie on the floor with a tennis ball under the involved muscles and gently roll side to side, for light pressure, lie on the mattress with the tennis ball under the involved muscle and gently roll from side to side. The injured worker was recommended not to lift any heavy objects above the waist and was prescribed to wear a back brace for support and maintain a healthy weight and use good posture. The injured worker was also recommended to complete daily exercises to improve range of motion and strength of the back. A Request for Authorization was submitted.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Posterior lumbar laminectomy, L4-L5: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, 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, Discectomy/Laminectomy.

**Decision rationale:** The posterior lumbar laminectomy at L4-5 is not medically necessary. The documentation did not include the official MRI to show evidence of nerve impingement at L4-5. The physical examination findings did not reveal lower extremity weakness or decreased deep tendon reflexes. The medical necessity is not substantiated.