

<b>Case Number:</b>	CM15-0199390		
<b>Date Assigned:</b>	10/16/2015	<b>Date of Injury:</b>	07/08/2008
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	09/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2015

### 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: California

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 66 year old male who sustained an industrial injury on 7-8-08. A request for authorization is dated 9-8-15 and notes the diagnosis of spinal stenosis of lumbar region with neurogenic claudication. Subjective complaints (7-22-15) include bilateral lower back tightness pain rated at 6 out of 10, pain down the right leg past the knee to the foot, wearing a sock for right foot numbness, and it is aggravated at night. Objective findings (9-8-15) include radiating right leg pain, this follows a right L5 distribution. Pertinent findings note right extensor hallucis longus weakness and right lateral recess narrowing at L4-L5 and he has had significant temporary relief with previous epidural steroid injections at this location. A Lumbar MRI (10-22-14) report reveals the impression as mild findings of spondylosis at L4-L5 and L5-S1, no evidence of focal disc extrusion or stenosis, and no evidence of neural compression; with an addendum to results noted as "upon further review it is felt that the mild facet arthropathy and thickening of the ligamentum flavum leads to mild to moderate narrowing of the subarticular recesses bilaterally greater on the right." Work status is to continue current work modifications for the back. Previous treatment includes 3 epidural steroid injections, chiropractic therapy, physical therapy, and acupuncture. The requested treatment of lumbar laminectomy right L4-5, pre-operative: medical clearance, EKG (electrocardiogram), Chem 7, UA (urinalysis), CBC (complete blood count), PT-INR and PT (prothrombin time, international normalization rate, partial thromboplastin time) was non-certified on 9-22-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar laminectomy on the right at L4-5: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation (ODG), Low Back, discectomy/laminectomy.

**Decision rationale:** CA MTUS/ACOEM Low back complaints, page 308-310 recommends surgical consideration for patients with persistent and severe sciatica and clinical evidence of nerve root compromise if symptoms persist after 4-6 weeks of conservative therapy. According to the ODG Low Back, discectomy/laminectomy criteria, discectomy is indicated for correlating distinct nerve root compromise with imaging studies. In this patient the exam note from 9/8/15 does not demonstrate a clear lumbar radiculopathy or significant surgical lesion on MRI. Therefore the guideline criteria have not been met and the request is not medically necessary.

**Pre-op medical clearance: 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:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

**Pre-op EKG: 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:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

**Pre-op labs: Chem 7: 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:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

**Pre-op labs: UA:** 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:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

**Pre-op labs: CBC:** 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:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

**Pre-op labs: PT/INR and PTT:** 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:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.