

<b>Case Number:</b>	CM15-0026417		
<b>Date Assigned:</b>	02/18/2015	<b>Date of Injury:</b>	04/17/2014
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	01/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2015

### 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: New York, New Hampshire, Washington  
 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 39 year old male, who sustained an industrial injury on 04/17/2014. The diagnoses have included lumbar radiculopathy. Noted treatments to date have included epidural steroid injection, heat/ice, physical therapy, and medications. Diagnostics to date have included MRI of the lumbar spine on 06/07/2014 which showed mild discogenic disease with a central/left paracentral disc protrusion resulting in mild central stenosis with left recess narrowing, multilevel small posterior disc bulges, and multilevel foraminal narrowing. In a progress note dated 12/24/2014, the injured worker presented with complaints of low back, bilateral buttock, and left leg pain. The treating physician reported recommending left L4-5 laminectomy/facetectomy and interspinous fusion to prevent listhesis. Utilization Review determination on 01/07/2015 non-certified the request for Left Lumbar L4-5 Laminectomy/Facetectomy and Posterior Stabilization L4-5 and Inpatient 3 Days citing Medical Treatment Utilization Schedule American College of Occupational and Environmental Medicine Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left lumbar L4-5 laminectomy/facetomy & posterior stabilization L4-5: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 201-204. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar Decompression, Discectomy/Laminectomy.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-322.

**Decision rationale:** This patient does not meet MTUS criteria for lumbar fusion surgery. There is no documentation of instability, fracture, or tumor. Also, MTUS criteria for lumbar decompression surgery not met. There is no clear correlation between MRI imaging showing specific radiculopathy and physical exam findings.

**3 day inpatient hospital stay:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-322.

**Decision rationale:** not needed since surgery not needed.