

<b>Case Number:</b>	CM15-0215143		
<b>Date Assigned:</b>	11/05/2015	<b>Date of Injury:</b>	01/21/2010
<b>Decision Date:</b>	12/28/2015	<b>UR Denial Date:</b>	10/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/02/2015

### 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 54 year old male, who sustained an industrial injury on January 21, 2015. The injured worker was currently diagnosed as having lumbar spinal stenosis, lumbar radiculopathy and mechanical low back pain. In 2011, an MRI of the lumbar spine showed lumbar degenerative disc disease, subarticular stenosis and neuroforaminal stenosis. On August 14, 2015, the injured worker complained of persistent severe mechanical low back pain and radiating leg symptoms. Physical examination of the lumbar spine revealed an antalgic gait, bilaterally. He stands from a seated position using a cane. There was "severe restriction" in range of motion of the lumbar spine noted. His forward flexion was approximately 30 degrees to 40 degrees. He had pain when returning upright from the forward flexed position demonstrating a catch. Notes stated an EMG-nerve conduction study of the bilateral lower extremity showed diminished sensation at both the L5-S1 nerve roots and lower extremity right L5 radiculopathy. The treatment plan included an MRI of the lumbar spine to confirm progression of his complaints and to obtain an adequate report for spinal surgery, laminectomy at L4-L5 and laminectomy at L5-S1. On October 15, 2015, utilization review denied a request for lumbar laminectomy at L4-L5, lumbar laminectomy at L5-S1, hospital stay and co-surgeon. A request for an MRI of the lumbar spine was authorized.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar laminectomy at L4-L5 Qty: 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations.

**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 there is an updated MRI of the lumbar spine pending. Until the updated MRI is obtained guideline criteria have not been met and determination is for not medically necessary.

**Lumbar laminectomy at L5-S1 Qty: 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations.

**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 there is an updated MRI of the lumbar spine pending. Until the updated MRI is obtained guideline criteria have not been met and determination is not medically necessary.

**Associated surgical service: Hospital stay Qty: 3: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

**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, hospital length of stay.

**Decision rationale:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

**Associated surgical service: Co-surgeon Qty: 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS.  
Decision based on Non-MTUS Citation <http://www.aaos.org/about/papers/position/1120.asp>.

**Decision rationale:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.