

<b>Case Number:</b>	CM14-0134036		
<b>Date Assigned:</b>	08/27/2014	<b>Date of Injury:</b>	03/11/2012
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	07/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2014

### **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 Orthopedic Surgery, has a subspecialty in Spine 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:

According to the records made available for review, this is a 57-year-old female with a 3/11/12 date of injury and status post right-sided hemi-laminotomy at L3-4 on 7/11/12. At the time (7/30/14) of the Decision for Laminectomy, discectomy, laminotomy additional levels, L4-S1 fusion and arthrodesis with instrumentation, cages, there is documentation of subjective (low back pain with severe shooting pain radiating to the right leg) and objective (decreased lumbar range of motion, hyperreflexic patellar and Achilles reflexes, decreased sensation over the right lower extremity, and decreased strength of the right L5 and S1 dermatomes) findings, imaging findings (reported MRI of the lumbar spine (12/18/13) revealed L5-S1 moderate degenerative disc disease with moderate foraminal compromise; L4-5 moderate foraminal stenosis; and L3-4 previous right hemilaminectomy and moderate stenosis of the right neural foramen; report not available for review), current diagnoses (lumbar disc herniation, lumbosacral radiculitis, and lumbar degenerative disc disease), and treatment to date (medications and lumbar epidural steroid injections). There is no specific (to a nerve root distribution) documentation of subjective (pain, numbness, or tingling) radicular findings in each of the requested nerve root distributions, an imaging report, failure of additional conservative treatment (activity modification and physical modalities), and an Indication for fusion (instability OR a statement that decompression will create surgically induced instability).

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

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

**Laminectomy, discectomy, laminotomy additional levels, L4-S1 fusion and arthrodesis with instrumentation, cages: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Discectomy/laminectomy and Fusion (spinal)

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) reference to American College of Occupational and Environmental Medicine (ACOEM) identifies documentation of severe and disabling lower leg symptoms in the distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise; Activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms; Failure of conservative treatment; and an Indication for fusion (instability OR a statement that decompression will create surgically induced instability), as criteria necessary to support the medical necessity of laminotomy/fusion. Official Disability Guidelines (ODG) identifies documentation of subjective (pain, numbness, or tingling in a correlating nerve root distribution) and objective (sensory changes, motor changes, or reflex changes (if reflex relevant to the associated level) in a correlating nerve root distribution) radicular findings in each of the requested nerve root distributions, imaging (magnetic resonance imaging (MRI), CT, myelography, or computerized tomography myelography & x-ray) findings (nerve root compression OR moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis) at each of the requested levels, and failure of conservative treatment (activity modification, medications, and physical modalities); as criteria necessary to support the medical necessity of decompression/laminotomy. Within the medical information available for review, there is documentation of diagnoses of lumbar disc herniation, lumbosacral radiculitis, and lumbar degenerative disc disease. In addition, there is documentation of objective (sensory and reflex changes) radicular findings in each of the requested nerve root distributions and failure of conservative treatment (medications and injections). However, despite nonspecific documentation of subjective findings (low back pain with severe shooting pain radiating to the right leg), there is no specific (to a nerve root distribution) documentation of subjective (pain, numbness, or tingling) radicular findings in each of the requested nerve root distributions. In addition, despite documentation of reported imaging findings (MRI of the lumbar spine identifying L5-S1 moderate degenerative disc disease with moderate foraminal compromise; L4-5 moderate foraminal stenosis; and L3-4 previous right hemilaminectomy and moderate stenosis of the right neural foramen), there is no documentation of an imaging report. Furthermore, there is no documentation of failure of additional conservative treatment (activity modification and physical modalities). Lastly, there is no documentation of an Indication for fusion (instability OR a statement that decompression will create surgically induced instability). Therefore, based on guidelines and a review of the evidence, the request for Laminectomy, discectomy, laminotomy additional levels, L4-S1 fusion and arthrodesis with instrumentation, cages is not medically necessary.