

<b>Case Number:</b>	CM14-0140103		
<b>Date Assigned:</b>	09/08/2014	<b>Date of Injury:</b>	05/30/1994
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	08/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/29/2014

### 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 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:

The claimant is a 53-year-old gentleman who was injured in a work related accident on 05/30/1994. The clinical records provided for review included the report of a CT scan of the lumbar spine dated 09/06/13 showing multilevel degenerative and postsurgical changes with evidence of moderate central stenosis at the L3-4 and L5-S1 levels. The claimant was status post lumbar fusion at the L4-5 and L5-S1 levels. The documentation indicated that the claimant had failed conservative care including medication management, activity restrictions, bracing and physical therapy. The progress report on 07/14/14 noted subjective low back and right lower extremity pain, with short lived improvement from injection therapy. Physical examination showed 5/5 motor strength with diminished quad function on the right. The recommendation was made for revision laminectomy and foraminotomy procedure from L3-S1. There were no reports or documentation of further imaging, electrodiagnostic studies or clinical findings for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Laminectomy, Foraminotomy L3-L4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306.

**Decision rationale:** Based on California ACOEM Guidelines, the request for L3-4 laminectomy and foraminotomy cannot be supported. The ACOEM Guidelines recommend that surgical diskectomy for carefully selected patients with nerve root compression due to lumbar disk prolapse provides faster relief than conservative management. In this case, the clinical records for review failed to demonstrate significant compressive pathology or clinical correlation with examination findings to support acute need of operative process at this requested level. The claimant is status post a prior fusion procedure with no acute clinical findings at L3-4. Requested surgical process would not be necessary.

**Laminectomy, Foraminotomy L4-L5:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306.

**Decision rationale:** Based on California ACOEM Guidelines, the request for L4-5 laminectomy and foraminotomy cannot be supported. The ACOEM Guidelines recommend that surgical diskectomy for carefully selected patients with nerve root compression due to lumbar disk prolapse provides faster relief than conservative management. In this case, the clinical records for review failed to demonstrate significant compressive pathology or clinical correlation with examination findings to support acute need of operative process at this requested level. The claimant is status post a prior fusion procedure with no acute clinical findings at L4-5. Requested surgical process would not be necessary.

**Laminectomy, Foraminotomy L5-S1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306.

**Decision rationale:** Based on California ACOEM Guidelines, the request for L5-S1 laminectomy and foraminotomy cannot be supported. The ACOEM Guidelines recommend that surgical diskectomy for carefully selected patients with nerve root compression due to lumbar disk prolapse provides faster relief than conservative management. In this case, the clinical records for review failed to demonstrate significant compressive pathology or clinical correlation with examination findings to support acute need of operative process at this requested level. The claimant is status post a prior fusion procedure with no acute clinical findings at L5-S1.. Requested surgical process would not be necessary.

**Inpatient Stay Qty 2: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: low back procedure - Discectomy/ laminectomy: Hospital length of stay (LOS).

**Decision rationale:** The proposed surgery is not recommended as medically necessary. Therefore, the request for an inpatient hospital stay is also not medically necessary.