

<b>Case Number:</b>	CM14-0165732		
<b>Date Assigned:</b>	10/10/2014	<b>Date of Injury:</b>	02/18/2013
<b>Decision Date:</b>	11/12/2014	<b>UR Denial Date:</b>	09/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2014

### 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 Fellowship 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 28-year-old male with a 2/18/13 date of injury. At the time (9/10/14) of the decision for laminectomy disc fusion at levels L4-S1, there is documentation of subjective (low back pain and radiating left, greater than right, lower extremity pain, numbness, and weakness) and objective (spasm of the lumbar paraspinal musculature with positive trigger points, tenderness to palpation and an antalgic gait pattern favoring the left lower extremity, decreased sensation to pinprick light touch and proprioception of the left lower extremity (affected dermatomes not described), weakness of the left lower extremity musculature including 3/5 extensor hallucis longus and 4/5 gastrocnemius and quadriceps) findings. A medical report dated 9/10/14 reported imaging findings identified severe stenosis L4-S1 with degenerative disc disease (no imaging report was made available for review). The current diagnoses are lumbosacral strain, L4-5 disc herniation, left L5-S1 disc herniation, and degenerative disc disease L4-5 and L5-S1. The treatment to date includes medication and physical therapy. There is no documentation of an imaging report 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 disc fusion at levels L4-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation [http://odgtwc.com/odgtwc/Low\\_Back.htm](http://odgtwc.com/odgtwc/Low_Back.htm)

**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 Discectomy/laminectomy and Fusion (spinal)

**Decision rationale:** MTUS reference to 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 identifies documentation of Symptoms/Findings which confirm presence of radiculopathy, objective findings that correlate with symptoms and imaging findings in concordance between radicular findings on radiologic evaluation and physical exam findings, as criteria necessary to support the medical necessity of decompression/laminotomy. Official Disability Guidelines additionally identifies that disk prosthesis is not recommended. Within the medical information available for review, there is documentation of diagnoses of lumbosacral strain, L4-5 disc herniation, left L5-S1 disc herniation, and degenerative disc disease L4-5 and L5-S1. In addition, there is documentation of severe and disabling lower leg symptoms, accompanying objective signs of neural compromise, activity limitations due to radiating leg pain for more than one month, and failure of conservative treatment. However, despite the 9/10/14 medical reports reported imaging findings (severe stenosis L4-S1 with degenerative disc disease); there is no documentation of an imaging report. In addition, 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 disc fusion at levels L4-S1 is not medically necessary.