

<b>Case Number:</b>	CM14-0199469		
<b>Date Assigned:</b>	12/09/2014	<b>Date of Injury:</b>	10/06/2011
<b>Decision Date:</b>	01/27/2015	<b>UR Denial Date:</b>	11/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/30/2014

### 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 Georgia. 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 injured worker is a 65-year-old female who reported injuries due to a slip and fall on 10/06/2011. On 09/24/2014, her diagnoses included degeneration of intervertebral disc, site unspecified; scoliosis and kyphoscoliosis, idiopathic; low back pain; and altered gait. Her complaints included low back discomfort, causing her to walk in a more slumped forward position. Her lower extremity and her spinal muscle tone was noted to be normal. There were no spasms and no midline spinous or paraspinal tenderness. The sciatic notch was tender on the left, but not on the right. There was no crepitus, or evidence of instability. She had negative straight leg raising tests bilaterally. She had full lumbar spinal range of motion without pain. An MRI of the lumbar spine on 06/03/2013 revealed degenerative bone and joint changes throughout the lumbar spine with associated scoliosis, spinal stenosis, and bilateral foraminal narrowing at L2-3 through L5-S1. There were no disc bulges or protrusions. There was no rationale or Request for Authorization included in this injured worker's chart.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral Laminotomy, L3-L4 DOS: 11/2/14 QTY 2: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (updated 10/28/14) Indications for surgery-Discectomy/Laminectomy

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 305-307.

**Decision rationale:** The request for bilateral laminotomy, L3-L4 DOS: 11/2/14 QTY 2 was not medically necessary. The California ACOEM Guidelines note that within the first 3 months after onset of acute low back symptoms, surgery is considered only when serious spinal pathology or nerve root dysfunction not responsive to conservative therapy (and obviously due to a herniated disc) is detected. Disk herniation may impinge on a nerve root, causing irritation, back and leg symptoms, and nerve root dysfunction. Referral for surgical consultation is indicated for patients who have: severe and disabling lower leg symptoms; activity limitations due to radiating leg pain for more than 1 month or extreme progression of lower leg symptoms; clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair; and failure of conservative treatment to resolve disabling radicular symptoms. There was no evidence of nerve root impingement on the submitted MRI. There were no electrodiagnostic tests submitted for review. There was no evidence of failed conservative treatment with changes in pain level or functional abilities. The clinical information submitted failed to meet the evidence based guidelines for the requested procedure. Therefore, this request for bilateral laminotomy, L3-L4 DOS: 11/2/14 QTY 2 was not medically necessary.

**(Associated Surgery Services) Assistant Surgeon DOS: 11/2/14 QTY 1: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**(Associated Surgery Services) Preoperative Medical Clearance DOS: 11/2/14 QTY 1: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.