

<b>Case Number:</b>	CM14-0211459		
<b>Date Assigned:</b>	12/24/2014	<b>Date of Injury:</b>	12/31/2004
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	12/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2014

### 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. 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: Texas  
 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 69-year-old male who reported an injury on 12/31/2004. The mechanism of injury was not specifically stated. The current diagnoses include multilevel cervical disease, lumbar stenosis, right shoulder impingement syndrome, left lateral epicondylitis, right hip pain, right sided plantar fasciitis, left sided calcaneal fat pad pain, and chronic pain. The injured worker presented on 11/14/2014 with complaints of persistent lower back pain rated 7/10. Previous conservative treatment was noted to include epidural steroid injection, medication management, physical therapy and home exercise. The current medication regimen includes Cymbalta, Lyrica, gabapentin, Ambien, hydrocodone, diclofenac, Lidoderm patch, tizanidine, and a compounded cream. Upon examination, there was tenderness over the paraspinous musculature of the lumbar spine, muscle spasm, 40 degree flexion, 10 degree extension, 30 degree right and left lateral rotation, 15 degree right and left lateral tilt, 2+ deep tendon reflexes, decreased sensation in the L5 dermatome bilaterally, normal motor examination, and positive straight leg raise on the right. Treatment recommendations at that time included bilateral L3-4 and L4-5 decompression with possible L2-3 decompression. There was no Request for Authorization form submitted for this review. It is noted that the injured worker underwent a CT scan of the lumbar spine on 08/04/2014, which revealed evidence of multilevel degenerative changes with moderate to severe central canal and lateral recess stenosis. There was also moderate to severe left neural foraminal stenosis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral L3-4 and L4-5 decompression and possible L2-3 decompression.:** 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-TWC)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Discectomy/Laminectomy.

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation is indicated for patients who have severe and disabling lower extremity symptoms, activity limitation for more than 1 month, clear clinical, imaging and electrophysiologic evidence of a lesion and a failure of conservative treatment. The Official Disability Guidelines recommend a discectomy/laminectomy when there is objective evidence of radiculopathy. Imaging studies should reveal nerve root compression, lateral disc rupture or lateral recess stenosis. Conservative treatments should include activity modification, drug therapy and epidural steroid injection. There should also be evidence of a referral to physical therapy or manual therapy. According to the documentation provided, the patient has been previously treated with several medications, epidural steroid injection, physical therapy and home exercise. However, there is imaging evidence of stenosis at the L4-5 level only. Evidence of stenosis at L2-3 and L3-4 was not provided. The medical necessity for an L2-3 and L3-4 decompression has not been established. Therefore, the request is not medically appropriate.

**Associated surgical service: Spirix nasal spray 15.75mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG-TWC)

**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 surgical service: front wheel walker:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG-TWC)

**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 surgical service: 1-day hospital stay:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG-TWC)

**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.