

<b>Case Number:</b>	CM14-0215148		
<b>Date Assigned:</b>	01/02/2015	<b>Date of Injury:</b>	01/02/2006
<b>Decision Date:</b>	03/03/2015	<b>UR Denial Date:</b>	12/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/22/2014

### 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: Minnesota, Florida  
 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:

CM 14 0215148 [REDACTED] The injured worker is a 63-year-old male who sustained injuries to his lower back on January 2, 2006. He has mechanical low back pain and symptoms of spinal stenosis in the lower extremities. MRI scan dated 5/29/2014 revealed grade 1 spondylolisthesis of L3 over L4, 4 mm right-sided posterior disc bulge at L1-2 causing right foraminal narrowing, 3 mm broad based posterior disc bulge at L2-3 with facet hypertrophy leading to bilateral foraminal narrowing, 3 mm rod based posterior disc bulge at L3-4 with hypertrophy of the facet joints causing central canal and bilateral foraminal narrowing, 3 mm broad-based posterior disc bulge with hypertrophy of the facet joints and bilateral ligamentum flavum causing central canal and bilateral foraminal narrowing at L4-5. At L5-S1 there was a 3 mm broad-based posterior disc bulge, more prominent to the right side and there was hypertrophy of the right facet joint leading to right foraminal narrowing. Per consulting physicians interim report dated December 18, 2014 the injured worker is a 63-year-old male who sustained injuries to his lower back on January 2, 2006. He has mechanical low back pain and symptoms of spinal stenosis. Evaluation of the MRI scan by the provider demonstrated moderate to severe spinal stenosis at L2-3, L3-4, and L4-5 bilaterally and right sided lateral recess stenosis at L5-S1. Decompressive surgery has been recommended at L2-3 and L3-4 and L4-5 bilaterally and on the right side L5-S1 in the lateral recess. Utilization review modified the surgery to a decompression at L3-4 and L4-5 based upon the MRI report. Additional notes from November 21, 2014 document absence of instability on the flexion/extension films. The

symptoms included numbness and tingling in the legs that had become intolerable. His neurogenic symptoms were intolerable.

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

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

**Surgery: Lumbar 3-4-5 Decompressive Laminoforaminotomy Bilaterally and Partial Medial Facetectomy:** Overturned

**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 Procedure.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Section: Low back, Topic: Laminectomy/laminotomy

**Decision rationale:** California MTUS guidelines indicate that spinal stenosis usually results from soft tissue and bony encroachment of the spinal canal and nerve roots. It has a gradual onset and usually manifests as a degenerative process after age 50. Evidence does not currently support a relationship with work. ODG guidelines recommend laminectomy/laminotomy for lumbar spinal stenosis. Standard posterior decompressive laminectomy alone without discectomy offered a significant advantage over nonsurgical treatment in terms of pain relief and functional improvement that was maintained at 2 years of follow-up according to a new SPORT study. The MRI scan shows evidence of spinal stenosis at L3-4 and L4-5. There is spinal stenosis to a lesser degree at L2-3. At L5-S1 a disc bulge and facet hypertrophy on the right side have resulted in right neural foraminal narrowing. Therefore the request for decompressive surgery including L3-4-5 decompressive laminoforaminotomy and partial medial facetectomy bilaterally is appropriate and medically necessary.