

<b>Case Number:</b>	CM15-0013340		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	04/20/2011
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	01/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2015

### 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: New York, New Hampshire, Washington  
 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 35 year old male, who sustained an industrial injury on April 20, 2011. He has reported an injury when he bent down and tried to lift a pallet. The diagnoses have included low back pain, left lower limb radiculopathy and spinal stenosis at L2-3, L4-5 and L5-S1 per MRI, degenerative herniated disks, facet joint arthritis and bilateral facet joint hypertrophy at L4-5 and L5-S1. Treatment to date has included physical therapy, pain medication, and home exercise program. Currently, the injured worker complains of constant pain over the lower back area with constant radiation of pain over the anterolateral and posterolateral aspects of the left thigh and calf and over the plantar and dorsal aspects of the left foot. The injured worker reported spasm like sensations over the lower back area and felt a giving way feeling of his left lower limb. He reports numbness over the top of his left foot and his toes. On examination, the injured worker's posture is essentially normal. There is normal relation of the head and shoulders and of the shoulders and pelvis. The injured worker is able to walk on the heels and toes but walking on the heels causes pain. There is tenderness over the lumbosacral spine and over the lumbar paraspinal muscles. On January 15, 2015 Utilization Review non-certified a request for laminectomy and discectomy with foraminotomy at L4-5 and L5-S1, a walker, and eighteen sessions post-operative physical therapy, noting that the surgery was not medically necessary because there was no documentation of severe unilateral quadriceps or leg weakness/mild atrophy or unilateral hip/thigh/knee pain and no documentation of the failure of conservative treatment such as an epidural steroid injection. Because the surgery was not medically necessary, the request for a walker and physical therapy was not necessary. The

California Medical Treatment Utilization Schedule was cited. On January 23, 2015, the injured worker submitted an application for IMR for review of laminectomy and discectomy with foraminotomy at L4-5 and L5-S1, a walker, and eighteen sessions post-operative physical therapy.

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

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

#### **Laminectomy and discectomy with foraminotomy at L4-5 and L5-S1: 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, Discectomy/Laminectomy

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

**Decision rationale:** The medical records do not show that there is clear correlation between MRI imaging and physical exam findings. There is no sig neurologic deficit. There are no red flags for spinal decompression such as fracture, tumor, or instability. Surgery is not medically needed.

#### **Walker: Upheld**

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

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

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

#### **Post operative physical therapy 3x6: Upheld**

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

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

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