

<b>Case Number:</b>	CM15-0016587		
<b>Date Assigned:</b>	02/04/2015	<b>Date of Injury:</b>	02/26/2014
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	12/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/28/2015

### 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: California

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

### 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 42-year-old female who reported an injury on 02/26/2014 due to an unspecified mechanism of injury. An MRI of the lumbar spine dated 03/10/2014 showed a posterior disc bulge of 2 mm at the L3-4 and posterior disc protrusions of 5 to 6 mm at the L4-5, and 6 to 7 mm at the narrowed L5-S1 level, with central canal narrowing that was mild at the L4-5 and moderate at the L5-S1. There was bilateral moderate L4-5 facet hypertrophy; and neural foraminal narrowing was slight on the left and mild on the right at the L4-5 bilaterally; mild at the L5-S1. On 12/04/2014, she presented for a followup evaluation regarding her low back, bilateral buttock, and leg pain. She was noted to be taking Norco and Flexeril for pain. A physical examination showed 40 degrees of flexion and 10 degrees of extension with a negative faber's; positive straight leg raise; and 5/5 lower extremity strength bilaterally. She was diagnosed with stenosis at the L4-5 and L5-S1, not responsive to nonoperative treatment. The treatment plan was for a laminectomy at L4-5 and L5-S1. The rationale for treatment was to alleviate the injured worker's symptoms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Laminectomy L4-L5 L5-S1, quantity: 2,:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Indication for Surgery -- Meniscectomy

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

**Decision rationale:** The California ACOEM Guidelines indicate that a surgical consultation should be considered when there is serious spinal pathology or nerve root dysfunction not responsive to conservative therapy. Based on the documentation submitted for review, the injured worker was noted to have spinal pathology related to the lumbar spine, as per the provided MRI. However, the clinical note provided does not show that the injured worker has any significant neurological deficits such as decreased sensation or motor strength in a specific dermatomal or myotomal distribution to support the request. Also, while it was stated that the injured worker had failed nonoperative treatment, further clarification is needed regarding the nonoperative treatments she had tried and failed. Also, the request indicates that 2 laminectomies are being requested, and there is a lack of clear rationale regarding the medical necessity of 2 laminectomies. Therefore, the request is not supported. As such, the request is not medically necessary.