

<b>Case Number:</b>	CM14-0147948		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	01/26/2014
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	09/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2014

### 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 California. 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 records, presented for review, indicate that this 51-year-old gentleman was reportedly injured on January 26, 2014. The mechanism of injury was noted as lifting a 40 pound box of meat. The most recent progress note, dated May 28, 2014, indicated that there were ongoing complaints of low back pain radiating to the bilateral legs with paresthesias. The physical examination was unchanged from prior with a positive straight leg raise test at 30. Diagnostic imaging studies of the lumbar spine revealed a large mass within the canal from L5 through S4. There was severe spinal canal stenosis at L5-S1 as well as a left-sided neural foraminal stenosis. Previous treatment included physical therapy and a lumbar spine laminectomy at L4-L5 and L5-S1. A request had been made for an L4-L5 and L5-S1 mid line sparing laminectomy with partial medial facetectomy and neural foraminal decompression without cyst excision completed on August 11, 2014 and was not certified in the preauthorization process on September 2, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L4-5 and L5-S1 Mid line Sparing Laminectomies with partial Medial Facetectomy and Neural Foraminal Decompression without Cyst Excision completed 8/11/14: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: [http://www.ninds.nih.gov/disorders/tarlov\\_cysts/tarlov\\_cysts.htm](http://www.ninds.nih.gov/disorders/tarlov_cysts/tarlov_cysts.htm)

**Decision rationale:** According to the national Institute of neurological disorders and stroke, the majority of Tarlov cysts observed by MRI caused no symptoms. The cyst in question extends from L5 through S4; however, there are no corresponding abnormal neurological findings present at these levels. A review of the attached medical record indicates that the injured employee has had low back pain and physical examination findings consistent with a positive straight leg raise test. Considering this, the request for an L4- L5 and L5-S1 midline sparing laminectomy with partial medial facetectomy and neural foraminal decompression without cyst excision was medically necessary.