

<b>Case Number:</b>	CM14-0149309		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	04/26/2011
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	08/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2014

### 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 Spine Surgery, and is licensed to practice in Texas. 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 injured worker is a 52-year-old male who reported an injury on 04/26/2011. The injured worker reportedly suffered a left lower back strain while pulling a skid with a long hook. The current diagnoses include lumbar disc disorder, lumbar radiculopathy, and lumbar stenosis. The injured worker is noted to have undergone a laminectomy and fusion of the lumbar spine on 08/26/2012. Previous conservative treatment is also noted to include Medication Management, Physical Therapy, Chiropractic Treatment, and Acupuncture. The injured worker was evaluated on 08/01/2014 with complaints of low back and lower extremity pain. The current medication regimen includes Lidocaine, Gabapentin 600 mg, Nucynta 500 mg, and Mapap 325 mg. Physical examination revealed normal motor strength in the bilateral lower extremities, decreased sensation to light touch and pinprick in the L5 distribution bilaterally, a slow gait, and limited lumbar range of motion secondary to pain. Treatment recommendations at that time included a left L5-S1 laminectomy and foraminotomy. There was no Request for Authorization form submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar laminectomy and foraminectomy of the left L5-S1: Upheld**

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

**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:** The 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 failure of conservative treatment. The Official Disability Guidelines state prior to a discectomy/laminectomy, there should be objective evidence of radiculopathy upon physical examination. Imaging studies should indicate nerve root compression, lateral disc rupture, or lateral recess stenosis. Conservative treatment should include activity modification, drug therapy, and epidural steroid injections. There should also be evidence of the completion of physical therapy, manual therapy, or a psychological screening. As per the documentation submitted, the injured worker has been previously treated with Medications, Physical Therapy, Chiropractic Treatment, and Acupuncture. However, there was no objective evidence of radiculopathy upon physical examination. The injured worker demonstrated normal motor strength in the bilateral lower extremities. There were also no imaging studies or electrodiagnostic reports submitted for this review. Based on the clinical information received, the injured worker does not currently meet criteria for the requested procedure. As such, the request is not medically appropriate at this time.

**Preoperative medical clearance with an internist:** Upheld

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

**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.

**in-patient hospitalization 1-2 days:** Upheld

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

**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.

**Postoperative physical therapy for 24 sessions:** Upheld

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

**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.