

<b>Case Number:</b>	CM13-0014409		
<b>Date Assigned:</b>	11/08/2013	<b>Date of Injury:</b>	04/27/2011
<b>Decision Date:</b>	03/17/2014	<b>UR Denial Date:</b>	08/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, has a subspecialty in Spine Surgery and is licensed to practice in Texas and 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 physician 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.

### 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 patient reported an injury on 04/27/2011. The mechanism of injury was not specifically stated. The patient was seen by [REDACTED] on 04/04/2013. Physical examination revealed positive straight leg rising on the right. The patient also demonstrated possible EHL weakness on the right and diminished reflexes. Treatment recommendations included a second opinion from a spine surgeon for possible laminotomy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L4-L5 lumbar laminectomy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Laminectomy/laminotomy

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state surgical consultation is indicated for patients who have severe and disabling lower extremity symptoms, activity limitation for more than 1 month, extreme progression of lower extremity symptoms, clear clinical, imaging, and electrophysiological evidence of a lesion, and failure of conservative treatment. Official Disability Guidelines recommend laminectomy or laminotomy for lumbar spinal stenosis. There were no imaging studies or electrodiagnostic reports submitted for this

review. The patient's physical examination only revealed positive straight leg rising with weakness. There was no documentation of an exhaustion of conservative treatment. Based on the clinical information received, the patient does not meet criteria for the requested surgical procedure. As such, the request is non-certified.

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**Decision rationale:** California MTUS/ACOEM Practice Guidelines state surgical consultation is indicated for patients who have severe and disabling lower extremity symptoms, activity limitation for more than 1 month, extreme progression of lower extremity symptoms, clear clinical, imaging, and electrophysiological evidence of a lesion, and failure of conservative treatment. Official Disability Guidelines recommend laminectomy or laminotomy for lumbar spinal stenosis. There were no imaging studies or electrodiagnostic reports submitted for this review. The patient's physical examination only revealed positive straight leg rising with weakness. There was no documentation of an exhaustion of conservative treatment. Based on the clinical information received, the patient does not meet criteria for the requested surgical procedure. As such, the request is non-certified.

**assistant surgeon Brian O'Neill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Laminectomy/laminotomy

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state surgical consultation is indicated for patients who have severe and disabling lower extremity symptoms, activity limitation for more than 1 month, extreme progression of lower extremity symptoms, clear clinical, imaging, and electrophysiological evidence of a lesion, and failure of conservative treatment. Official Disability Guidelines recommend laminectomy or laminotomy for lumbar spinal stenosis. There were no imaging studies or electrodiagnostic reports submitted for this review. The patient's physical examination only revealed positive straight leg rising with weakness. There was no documentation of an exhaustion of conservative treatment. Based on the clinical information received, the patient does not meet criteria for the requested surgical procedure. As such, the request is non-certified.

**purchase of a lumbar brace:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Back Brace, post-operative (fusion)

**Decision rationale:** Official Disability Guidelines state a postoperative back brace following a fusion is currently under study, and given the lack of evidence supporting the use of these devices, and standard brace would be preferred over a custom postoperative brace. As the patient's surgical procedure has not been authorized, the current request is not medically necessary. As such, the request is non-certified.

**purchase of hot/cold therapy unit with wrap:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Heat therapy, Cold/Heat Packs

**Decision rationale:** Official Disability Guidelines state heat therapy is recommended as an option. A number of studies show continuous low-level heat wrap therapy to be effective for treating low back pain. As the patient's surgical procedure has not been authorized, the current request is not medically necessary. Therefore, the request is non-certified