

<b>Case Number:</b>	CM13-0026665		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	04/17/2013
<b>Decision Date:</b>	01/24/2014	<b>UR Denial Date:</b>	09/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2013

### 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, 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 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. 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 claimant is a forty six year old female who sustained an injury to her lumbar spine in a work related accident on April 17, 2013. Records for review include a recent November 11, 2013 progress report from [REDACTED] noting continued complaints of pain about the lumbar spine stating he is still awaiting approval for surgical intervention in the form of decompression at the L4-5 and L5-S1 level citing progressive right leg pain and a "dribbling" slow urine stream. Physical examination findings demonstrated paraspinal muscle tenderness with restricted range of motion that was painful. Neurologic examination showed hyporeflexive changes to the right reflexes and a sensory examination noted to be diminished in the right leg. He describes clonus to the right lower extremity as well. He states based on the claimant's worsening symptoms that now include bladder issues and diminished rectal tone, surgical process in the form of two level decompression is being recommended. Magnetic Resonance Imaging scan available for review from November 8, 2013 demonstrates disc desiccation at L4-5 with a central broad based disc protrusion and foraminal stenosis bilaterally as well as prior postoperative changes at L5-S1 with a disc spacer and mild neural foraminal stenosis bilaterally. It is unclear as to when the claimant's prior surgery took place. A previous Magnetic Resonance Imaging of May 3, 2013 shows similar findings at the L4-5 and L5-S1 level with continued facet syndrome and prior interbody fusion without recurrent stenosis or foraminal compromise at L5-S1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Posterior decompression at L4-L5 and L5-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** Based on California American College of Occupational and Environmental Medicine (ACOEM) Guidelines, surgical request unfortunately still cannot be supported. While the claimant is noted to be with worsening symptoms, there is still no clear correlation between compressive findings at the L4-5 and L5-S1 level and the claimant's current symptomatology. Lack of recent documented treatment coupled with no significant change on Magnetic Resonance Imaging scans on two occasions over the last year demonstrating minimal if any neural compressive finding would fail to necessitate the acute need of the two level procedure in question.

**Surgical assistant:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Milliman Care Guidelines 17th edition: Assistant Surgeon.

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) Guidelines are silent. When looking a Milliman Care Guidelines, the role of an assistant surgeon would be indicated for the procedure in question. The surgery itself has not yet been supported, thus negating the need for this request at present.

**One time visit with an internist or general practitioner for surgical clearance:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004)-- CA MTUS ACOEM OMPG (Second Edition, 2004), Chapter 7 Independent Medical Examinations and Consultations, page 127.

**Decision rationale:** Based on California American College of Occupational and Environmental Medicine (ACOEM) Guidelines, preoperative assessment for surgical clearance with an internist

also would not be indicated as the role of surgical intervention in this case has not yet been established thus negating the need for this preoperative assessment.

**Inpatient stay for 1-2 days:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-- Official Disability Guidelines Treatment in Worker's Comp , 18th Edition, 2013 Updates: Low Back procedure.

**Decision rationale:** Based on Official Disability Guideline criteria as California Medical Treatment Utilization Schedule ( MTUS) Guidelines are silent, the role of a one to two day inpatient stay would not be indicated in this case. While Guideline criteria would indicate a one day inpatient length of stay, the surgical process itself has not yet been established, thus negating the need for this postoperative length of stay request.