

<b>Case Number:</b>	CM13-0038169		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	10/28/2011
<b>Decision Date:</b>	03/14/2014	<b>UR Denial Date:</b>	09/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/27/2013

### 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 Spine 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 patient is a female who has a date of injury of 27 October 2011. She has chronic back pain and has already had surgery at L4-5 and L5-S1 for lumbar laminectomy decompression. The patient has continued low back pain and leg pain. She has had physical therapy and medications with some relief. 2/14/12 Lumbar MRi shows 2mm disc protrusion at L2-3, mild narrowing at L3-4, and hemilaminotomy defects at L4-5 and L5S1 with some mild foraminal narrowing. CT shows only mild L4-5 and L5-S1 spinal stenosis. Physical exam shows decreased back ROM. There is positive left SLR test. Motor shows all left leg motor groups are 5-/5 and right is 5/5. Sensation is decreased on the left L5 and S1. At issue is whether or not revision spinal surgery and all other associated surgical items postoperatively are medically needed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**2-3 day hospital stay:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. 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 Page 305-318 Lumbar decompression surgery, and the Official Disability Guidelines (ODG) Low Back Chapter

**Decision rationale:** This patient does not meet established MTUS and ODG criteria for lumbar spinal decompression surgery. Specifically, the imaging studies do not show significant neural compression in the region of L4-5 and L5-S1. The official read of these studies does not demonstrate significant stenosis. Also, the physical exam does not show specific lumbar radiculopathy that is associated with nerve root compression on the CT or MRI imaging studies. Lumbar decompressive surgery is not medically indicated or appropriated based on established guidelines.

**Physical therapy x 18-24 sessions post-op:** 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 surgery is not needed, then all other associated items postoperatively and preoperatively are not needed.

**Lumbar Support:** 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 surgery is not needed, then all other associated items postoperatively and preoperatively are not needed. ODG guidelines do not support the use of a brace for chronic LBP without fracture or instability.

**two weeks of Home Health Care:** 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 surgery is not needed, then all other associated items postoperatively and preoperatively are not needed.