

<b>Case Number:</b>	CM13-0041589		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	08/15/2005
<b>Decision Date:</b>	02/19/2014	<b>UR Denial Date:</b>	09/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### 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 patient is a 65 year old male who reported an injury on 08/15/2005 due to a motor vehicle accident. The patient reportedly sustained an injury to the neck and low back. This ultimately resulted in a bilateral laminectomy and discectomy at the L5-S1 level with posterior fusion for stabilization. The patient underwent an MRI in 07/2013 that revealed a disc bulge at the L4-5 level with a slight increase in facet arthropathy when compared to a prior MRI study. It was also noted that there was mild lateral recess and foraminal narrowing with some slight improvement in the degree of lateral recess narrowing in comparison with the prior study with no evidence of central canal stenosis or neural contact. The patient's most recent clinical examination findings stated that the patient was doing well with the current medication schedule, and the patient was able to return to work full-time and participate in a home exercise program. A clinical examination of the lumbosacral spine revealed tenderness to palpation over the L3-4, L4-5 and L5-S1 facet capsules as well as a bilateral positive straight leg raise test at 30 degrees. It was also noted that the patient had decreased sensation at the L4, L5 and S1 dermatomes bilaterally. The patient's diagnoses included chronic lumbosacral spinal pain with discogenic origins. The patient's treatment plan included the continuation of a home exercise program and continuation of medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Surgery- Spinal Repeat Lumbar Laminectomy and Discectomy Bilaterally at the L5-S1 level for a nerve root decompression combined with Posterior Interbody Fixation with**

**implantation of Fusion Cages and Posterior Fixation/Instrumentation with Bilateral Posterolateral Fusion to stabilize the spine as th: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Indications for Surgery, Discectomy/laminectomy

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): pages 305-307.

**Decision rationale:** The American College of Occupational and Environmental Medicine recommends spinal surgery when there is documentation of severe, disabling lower leg symptoms in a distribution consistent with abnormalities on an imaging study, significant activity limitations due to radiating leg pain and the failure of conservative treatment to resolve the patient's radicular symptoms. The clinical documentation submitted for review does provide evidence that the patient has objective findings of radiculopathy to include disturbed sensation in the L4, L5 and S1 dermatomes. However, the most recent MRI submitted for review does not provide any evidence of nerve root compromise. The independent interpretation of the MRI documented that there was improvement in the patient's condition when compared to previous MRIs. Additionally, the clinical documentation submitted for review does not provide any evidence that the patient has significantly limited activities. It is noted within the documentation that the patient has pain that is managed and well-controlled, with medications allowing for a return to work and participation in a home exercise program. Therefore, the need for surgical intervention is not supported within the documentation. As such, the requested repeat spinal surgery, laminectomy and discectomy bilaterally at the L5-S1 level for a nerve root decompression combined with posterior interbody fixation with implantation of fusion cages and posterior fixation/instrumentation with bilateral posterolateral fusion to stabilize the spine as this is a repeat surgery at the same level is not medically necessary or appropriate.

**Assistant Surgeon:** 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:**

**Pre-op Lab work:** 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:**

**Plain Lumbar X-Ray: 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:**

**Durable Medical Equipment: Post-op Back Brace- L0637: 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:**

**Physical Therapy- Post-op three times a week for six weeks, Lower Back Qty: 18: 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:**