

<b>Case Number:</b>	CM13-0050204		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	07/27/2011
<b>Decision Date:</b>	02/26/2014	<b>UR Denial Date:</b>	10/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/11/2013

### 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, Connecticut, and Pennsylvania. 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 50-year-old female who was injured in a work related accident on 07/27/11 sustaining an injury to the low back. The clinical records for review included a 06/28/13 MRI (magnetic resonance imaging) of the lumbar spine, which showed the L3-4 level to specifically be with central spinal stenosis with diffuse disc bulging and hypertrophic changes resulting in left lateral recess narrowing. A previous clinical assessment with the provider on 08/27/13 showed a physical examination with 5/5 gross motor strength to the bilateral upper and lower extremities, equal and symmetric +1 reflexes with a left sided antalgic gait, tenderness to palpation over the left hip and no sensory deficit. The most recent assessment by the provider is a report from 10/29/13 indicating the claimant is with continued low back with left sided lower extremity pain. He stated that he referred the patient to [REDACTED] to rule out a hip process and he indicated "the hip is not the cause of her pain." Due to her ongoing complaints, the clinical recommendations were for a left L3-4 laminectomy, foraminotomy, and discectomy. Formal physical examination findings at that date were not documented. It was noted that the claimant failed a course of conservative care. &#x2013;

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Lumbar laminotomy, foraminotomy, and discectomy at the left L3-L4 between 10/23/2013 and 12/7/2013: 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), Low back chapter online edition

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306.

**Decision rationale:** Based on the California MTUS/ACOEM Guidelines, the surgical process in question would not be indicated. While the claimant continues to be symptomatic, her physical examination findings fail to demonstrate any degree of focal motor sensory or reflexive change supportive of a radicular process at the L3-4 level to indicate the need for operative intervention. Thus, surgery in absence of clear documentation and correlation with exam findings would not be indicated.

**Preoperative complete blood count, prothrombin, partial thrombin time, and comprehensive metabolic panel between 10/23/2013 and 12/7/2013:** 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), Low back chapter online edition

**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 procedure - Preoperative lab testing

**Decision rationale:** In this case, the role of operative intervention has not been established, thus, negating the need for a preoperative assessment including blood work.

**1 day inpatient stay between 10/23/2013 and 12/7/2013:** 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), Low back chapter online edition

**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 procedure - Hospital Length of Stay

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**1 preoperative medical clearance between 10/23/2013 and 12/7/2013:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306.

**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 - Preoperative testing, general

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.