

<b>Case Number:</b>	CM13-0052776		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	04/05/2011
<b>Decision Date:</b>	03/11/2014	<b>UR Denial Date:</b>	10/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/16/2013

### 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 Osteopathic Medicine 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 injured worker has a date of injury of 2010. Her diagnoses include failed low back surgery syndrome, chronic pain, lower extremity radiculopathy, low back pain, constipation from medications, and insomnia. Since her date of injury, she has had a history of multiple lumbar spine surgeries. In 07/2010 she had a left laminectomy and discectomy at L5-S1. In 08/2010 she had left-sided re-exploration laminectomy and discectomy at L5-S1. In 08/2011 she had a lumbar decompression and fusion with posterior instrumentation and posterior lateral interbody fusion at L5-S1. The last surgery she had was prompted following findings of an MRI (unknown exact date) and an EMG in (unknown exact date) in 2011. The EMG showed S1 nerve root "irritation". After the last surgery in 2011, her symptoms continued and she began experiencing bilateral lower extremity pain radiation. It was suspected that she had a loose pedicle screw at S1. A triple phase bone scan was done to determine that. If her screws were intact a spinal cord stimulator was going to be recommended. The bone scan was done in March 2013 and confirmed that her screws were intact and therefore the spinal cord stimulator was recommended. Her current symptoms include continued pain and bilateral lower extremity radiculopathy. There are no identified current red flags findings. It is not clearly indicated why another surgery is being contemplated in addition to the previously planned recommendation for a spinal cord stimulator.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Referral to a neurosurgeon:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-310, Chronic Pain Treatment Guidelines Page(s): 7.

**Decision rationale:** The medical records reviewed indicate that 3 lumbar surgical procedures have been performed and she is now being considered for a spinal cord stimulator because her screws are intact and there is no physical evidence on imaging that her surgeries have failed. However, concurrently a request for another lumbar surgical procedure is also being considered via a repeat referral to a neurosurgical surgeon. The rationale for this is unclear when the diagnosis of failed low back surgery and three previous lower back surgeries have been performed and the records reviewed indicated that the plan would be to move forward with a spinal cord stimulator in the future if she is still symptomatic, not another lumbar surgical procedure. Furthermore, according to the above ACOEM Guidelines, disk surgery is not recommended in patients with back pain alone, no red flags, and no nerve root compression. Also, in post-laminectomy syndrome, radicular symptoms consistent with the level of surgery can be managed with primary care physicians and general indications for surgery must include "clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair." Given the lack of improvement from her previous three surgical procedures, there is no clear evidence that another surgical procedure will be successful. Additionally, the MTUS Chronic Pain Medical Treatment Guidelines state that, "Multiple treatment modalities, (pharmacologic, interventional, psychosocial/behavioral, cognitive, and physical/occupational therapies) are most effectively used when undertaken within a coordinated, goal oriented, functional restoration approach." To the contrary, that approach is not identified in the current request. The records now indicate both contemplation of a spinal stimulator as well as repeat surgery without any clear explanation for the later. An approach consistent with the above guidelines would be to not repeat surgical intervention again given that it has failed three times for this individual.