

<b>Case Number:</b>	CM14-0117662		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	07/13/2005
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	07/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/25/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Neurological 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 expert 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 is a 51-year-old male who was reportedly injured on July 13, 2005. The mechanism of injury was noted as a seat failure causing the injured employee to fall and hit the floor of the vehicle. The most recent progress note dated June 19, 2014, indicated that there were ongoing complaints of low back, left buttock and left lower extremity pains. A single point cane was required to assist with ambulation. A week long pain relief period was noted secondary to the epidural steroid injection. The physical examination demonstrated a 5'6", 190 pound individual who can heel and toe walk. There was decreased sensation in the bilateral L4 and L5 dermatomes. Deep tendon reflexes were noted to be 1+ at the knees and ankles bilaterally. Diagnostic imaging studies reportedly noted some degenerative changes. Previous treatment included epidural steroid injections, multiple medications and pain management interventions. A request was made for lumbar surgery and was not certified in the pre-authorization process on July 2, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Inpatient posterior lumbar L4-L5 laminectomy and partial facetectomy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**Decision rationale:** As noted in the American College of Occupational and Environmental Medicine guidelines, decompression surgery is moderately recommended as an effective treatment for patients with symptomatic spinal stenosis that is intractable to conservative management. However, the progress notes indicate that there was a rather successful pain management protocol with medications. Furthermore, there was success associated with the epidural steroid injections. Thus, when noting the date of injury, the injury sustained, the treatment rendered in the decade subsequent to that injury and the ability demonstrated by the injured employee, the requirements noted in the American College of Occupational and Environmental Medicine guidelines for surgical intervention are not met. Magnetic resonance image did identify the degenerative changes without documentation of nerve root compromise. Therefore, the medical necessity has not been established.

**1-2 day length of stay (LOS):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**Decision rationale:** In that the underlying surgical recommendation is not medically necessary, the hospitalization is not medically necessary.

**Front wheeled walker:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**Decision rationale:** In that the underlying request for surgical intervention is not medically necessary, the front wheel walker is not medically necessary.

**Raised toilet seat:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**Decision rationale:** In that the underlying request for surgical intervention is not medically necessary, there is no medical necessity for an elevated toilet seat.

**A grabber:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**Decision rationale:** In that the underlying request for surgery is not medically necessary, this assistive device is not medically necessary.