

<b>Case Number:</b>	CM14-0166325		
<b>Date Assigned:</b>	10/13/2014	<b>Date of Injury:</b>	05/02/2013
<b>Decision Date:</b>	12/05/2014	<b>UR Denial Date:</b>	10/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2014

### 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 Orthopedic Surgery and is licensed to practice in Arizona. 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:

This is a 62-year-old male who has a date of injury of 5/2/2013. The patient underwent a microdiscectomy on the right at L4-L5 on 5/14/2014. Postoperatively the patient was sent to therapy. The therapy note of 8/12/2014 states the patient is back on track having less lumbar pain and tolerating more of his ADLs. He rates his most severe pain at 4/10. His lumbar spine motion is improving. A progress note written on 8/14/2014 states the patient has been having increasing pain in the last week and a half with radiation down his left leg. There is no numbness or tingling, straight leg raise on the left produces back pain. The neurological examination is negative. An MRI scan was done on 9/10/2014 and it revealed a recurrent or residual disc extrusion at L4-5 associated with spinal stenosis. There is no comparison with previous MRIs. A progress note dated 9/25/2014, states the patient is still getting tingling in his toes on the left. His pain level is 6/10. Straight leg raise on the left produces back pain. A request is made for revision laminectomy at L4-L5 with an interbody and posterior lumbar fusion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Revision of L4-L5 laminectomy/discectomy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back problems, discectomy laminectomy

**Decision rationale:** This patient has a negative neurological examination, a straight leg raise that only causes back pain. The MRI scan shows a large posterior disc protrusion but there is no comparison with the previous MRI scan. He does not have objective evidence of a radiculopathy and if this is a recurrent disc herniation, he has not had any conservative treatment. The CA MTUS state that patients with strong clinical evidence of nerve root dysfunction due to disc herniation can recover activity tolerance within 1 month. This patient does not have strong evidence of nerve root dysfunction. There is no documentation of any conservative or nonsurgical treatment program that the patient is currently participating in. Given the lack of objective evidence for nerve root dysfunction and the lack of a trial of conservative or nonsurgical treatment, the medical necessity for laminectomy has not been satisfied. Therefore the request is not medically necessary.

**Posterior spine fusion L4-L5:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307.

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

**Decision rationale:** According to the CA MTUS, Fusion of the spine is usually not considered during the first 3 months of symptoms. Patients with documented increased spinal instability (not work-related) after surgical decompression at the level of degenerative spondylolisthesis may be candidates for fusions. This patient does not manifest any spondylolisthesis, objective evidence of instability and his condition is work-related. His recurrent symptoms began less than 3 months ago. He is not participating in a program of nonsurgical treatment. Therefore, the medical necessity for a lumbar fusion has not been established. The request is not medically necessary.

**Transverse lumbar interbody fusion L4-L5 left:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307.

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

**Decision rationale:** According to the CA MTUS, Fusion of the spine is usually not considered during the first 3 months of symptoms. Patients with documented increased spinal instability (not work-related) after surgical decompression at the level of degenerative spondylolisthesis may be candidates for fusions. This patient does not manifest any spondylolisthesis and his condition is work-related. His recurrent symptoms began less than 3 months ago. He is not

participating in a program of nonsurgical treatment. Therefore, the medical necessity for a lumbar fusion has not been established. The request is not medically necessary.

**Associated Services: Inpatient hospital LOS (length of stay), QTY: 2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305, 307.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306-307.

**Decision rationale:** He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

**Associate Services: Pre-op clearance/labs:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305, 307.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page(s) to 27

**Decision rationale:** He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

**Associated Services: Lumbar spine corset:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305, 307.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

**Decision rationale:** He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

**Associated Services: Post-op physical therapy lumbar spine QTY: 12:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305, 307.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25-26.

**Decision rationale:** He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.