

<b>Case Number:</b>	CM14-0166979		
<b>Date Assigned:</b>	10/14/2014	<b>Date of Injury:</b>	11/01/2011
<b>Decision Date:</b>	11/17/2014	<b>UR Denial Date:</b>	09/08/2014
<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 New York. 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 patient is a 38-year-old male with a date of injury of November 1, 2011 in March 24, 2012. The patient has an injury to the left hip, back, left foot, and ankle. Prior treatments include physical therapy, chiropractic manipulation; epidural steroid injection provided temporal relief. Patient takes narcotics. Patient had 6 sessions of physical therapy. MRI lumbar spine from August 2014 shows 5 mm disc protrusion causing right foraminal stenosis and mild left foraminal stenosis. On physical examination there is tenderness palpation the lumbar spine. Straight leg raising is positive at the right. Patient is diagnosed with lumbar displacement without myelopathy. At issue is whether surgery is medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **L4-S1 laminectomy and discectomy: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Low back updated 8/22/2014

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 305-322.

**Decision rationale:** This patient does not meet established criteria for lumbar discectomy surgery. Specifically there is no clear correlation between MRI imaging studies showing specific compression of the nerve root and physical examination showing specific radiculopathy. In addition there are no red flag indicators for spinal decompressive surgery such as progressive neurologic deficit, fracture or tumor. Criteria for lumbar decompressive surgery not met. Lumbar decompressive surgery is not medically necessary in this patient.

**Two day inpatient stay:** 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:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Pre-Operative medical clearance with an internist:** 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:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Pre-Operative testing to include a chest x-ray, EKG, UA and labs (CMP, CBC with diff, PT, PTT, INR and Hemoglobin A1C-if diabetic):** 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:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Lumbar brace:**

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