

<b>Case Number:</b>	CM14-0166991		
<b>Date Assigned:</b>	10/14/2014	<b>Date of Injury:</b>	06/27/2012
<b>Decision Date:</b>	11/17/2014	<b>UR Denial Date:</b>	09/12/2014
<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 has a date of injury of June 27, 2012. The patient has chronic low back pain. The patient underwent two-level lumbar fusion in August 2014. The patient continues to complain of low back pain with difficulty performing activities of daily living. On physical examination the patient had recent surgery and then staples in the lumbar spine wound and there is erythema around the back incision without active drainage. The patient continues to have weakness of the lower extremities. The patient is participating in physical therapy. The patient is taking narcotics. Repeat physical examination reports erythema around the wound is minimal yellow discharge on the dressing. At issue is whether wound exploration surgeries medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar spine wound exploration and treatment:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Worker's Compensation, Low back Procedure Summary last updated 8/22/2014 Lumbar spinal fusion

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain-low back chapter.

**Decision rationale:** The patient does not meet criteria for wound exploration after lumbar surgery. Specifically the medical records only document erythema of the wound without significant drainage. In addition there is no documentation of fevers no documentation of elevator labs and no documentation of wound aspiration showing Gram stain organism or positive infection. The patient reports some improvement with physical therapy. There were no imaging studies documenting infection. Medical necessity for wound exploration is not met.