

<b>Case Number:</b>	CM14-0179197		
<b>Date Assigned:</b>	11/03/2014	<b>Date of Injury:</b>	07/19/2002
<b>Decision Date:</b>	12/09/2014	<b>UR Denial Date:</b>	10/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2014

### 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, has a subspecialty in Spine Fellowship Trained 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:

According to the records made available for review, this is a 57-year-old female with a 7/19/02 date of injury, and L4-S1 lumbar decompression with interbody instrumented fusion on 4/29/09, re-exploration of previous fusion and left sided instrumentation removal on 9/2/09. At the time (9/25/14) of the request for authorization for L5-S1 decompression w/exploration of previous L5-S1 fusion & instrumentation removal R L5-S1, [REDACTED]: 2 Day Stay Inpatient, and [REDACTED]: Assistant Surgeon, there is documentation of subjective (severe, chronic low back pain that radiates down the left leg into the foot, difficulty walking secondary to chronic left leg weakness) and objective (noticeable foot drop at the left ankle, left knee and left ankle reflexes are diminished) findings, imaging findings (9/25/14 medical report's reported imaging findings identify CT scan lumbar spine revealed postop changes from L4-S1 posterior fusion. There is evidence of solid osseous bridging across disc spaces. There are right unilateral pedicle screws in place without evidence of loosening. There is a centric hypertrophic ossification of the left side of L5-S1 causing severe left-sided stenosis and nerve compression; report not available for review), current diagnoses (spondylosis, lumbosacral), and treatment to date (medication and psychotherapy). There is no documentation of imaging findings in concordance between radicular findings on radiologic evaluation and physical exam findings.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L5-S1 decompression w/exploration of previous L5-S1 fusion and Instrumentation removal  
R L5-S1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Low Back

**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 Discectomy/laminectomy

**Decision rationale:** MTUS reference to ACOEM identifies documentation of severe and disabling lower leg symptoms in the distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise; Activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms; Failure of conservative treatment, as criteria necessary to support the medical necessity of laminotomy. ODG identifies documentation of Symptoms/Findings which confirm presence of radiculopathy, objective findings that correlate with symptoms and imaging findings in concordance between radicular findings on radiologic evaluation and physical exam findings, as criteria necessary to support the medical necessity of decompression/laminotomy. Within the medical information available for review, there is documentation of diagnoses of spondylosis, lumbosacral. In addition, there is documentation of severe and disabling lower leg symptoms, accompanying objective signs of neural compromise, activity limitations due to radiating leg pain for more than one month, and failure of conservative treatment. However, despite the 9/25/14 medical reports reported imaging findings (CT scan lumbar spine revealed postop changes from L4-S1 posterior fusion. There is evidence of solid osseous bridging across disc spaces. There are right unilateral pedicle screws in place without evidence of loosening. There is a centric hypertrophic ossification of the left side of L5-S1 causing severe left-sided stenosis and nerve compression), there is no documentation of an imaging report. Therefore, based on guidelines and a review of the evidence, the request for L5-S1 decompression w/exploration of previous L5-S1 fusion and instrumentation removal R L5-S1 is not medically necessary.

**[REDACTED]: 2 Day Stay Inpatient: 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.

**[REDACTED]: Assistant Surgeon: 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.