

<b>Case Number:</b>	CM14-0029528		
<b>Date Assigned:</b>	03/19/2014	<b>Date of Injury:</b>	03/30/2012
<b>Decision Date:</b>	04/15/2014	<b>UR Denial Date:</b>	02/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/07/2014

### 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 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 patient is a 29 year old male with an industrial injury on 3/30/12. The patient had lumbar decompression surgery in January 2013 and continues to complain of low back pain and left leg pain. Radiograph from 1/16/13 demonstrates no acute fracture of dislocation. There is mild narrowing at L5-S1. Electrodiagnostic study from 5/19/13 demonstrated normal EMG and NCV findings. MRI report from 7/30/13 demonstrates L5-S1 left laminectomy, 4-5mm left paracentral disc protrusion with the left foraminal narrowing and bilateral facet hypertrophy. Exam notes from 8/19/13 demonstrate he has limited lumbar range of motion. No new motor or sensory deficits. Diagnosis is back pain s/p L5-S1 laminectomy and discectomy post laminectomy syndrome. Notes state the patient has discogenic back pain and needs fusion. Exam notes from 9/19/13 demonstrate that the patient needs a decompression of his nerve root to the lower extremity as well as fusion stabilization at his previously operated L5-S1 level. Previous care has included lumbar laminectomy at L5-S1, medication, physical therapy, and activity modification. Exam notes from 2/3/14 state complaints of back and leg pain. Lumbar decompression and fusion is stated as being requested and denied. Exam shows range of motion in flexion is 20/90 and extension is 20/30. Request is for post-op consultation and follow up treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**POST OP CONSULTATION AND FOLLOW UP TREATMENT, #6:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) EVALUATION AND MANAGEMENT

**Decision rationale:** The documentation submitted for review indicates that a lumbar decompression and fusion has been denied. As surgical request is non-certified, the request for postoperative consultation and followup up treatment is non-certified.