

<b>Case Number:</b>	CM14-0035164		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	09/11/2000
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	03/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/21/2014

### 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 Neurological 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 injured worker is a 70-year-old male injured on September 11, 2000 due to a work related injury. The most recent progress note, dated May 30, 2014, indicates that there are ongoing complaints of low back pain with radiation to the bilateral lower extremities. The physical examination demonstrated that the injured employee has pain with sitting and standing and moves slowly. Current medications were continued. A previous nerve conduction study showed a chronic lumbar radiculopathy in the L3, L4, and L5 nerve roots bilaterally. A request had been made for lumbar laminectomy with bilateral root decompression and extension of hardware and a follow-up visit and was not certified in the pre-authorization process.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar laminectomy with bilateral root decompression and extension of the hardware to Lumbar 2 with pedicular screws and lateral mass fusion:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter; American Medical Association Guides, 5th Edition, page 382-383, 379.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Fusion, Updated July 3, 2014.

**Decision rationale:** While the attached medical record does indicate cooperation between the injured employee symptoms, physical examination findings, and nerve conduction studies, there is no documentation regarding the injured employees failure to improve with prior conservative treatments to include therapy, activity modification, and medications. Without noted failure to improve with these conservative measures, this request for a lumbar laminectomy with bilateral root decompression and extension of the hardware to lumbar 2 with pedicular screws and lateral mass fusion is not medically necessary.

**Follow up office visit:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Office visits, Updated July 3, 2014.

**Decision rationale:** According to the Official Disability Guidelines office visits should be based upon review of patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. This request does not state the reason for an office visit and if it is related to the above surgical procedure which has been determined not to be medically necessary. Without this information, this request for an office visit is also not medically necessary.