

<b>Case Number:</b>	CM14-0046224		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	10/25/2013
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	03/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2014

### 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 Orthopedic Spine 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 45-year-old male with a date of injury of October 25, 2013. He has chronic low back pain. He's had physical therapy which caused increase of his back pain. MRI of the lumbar spine from 2013 shows L3-4 disc bulge and neuroforaminal narrowing. At L4-5 disc shows bulge and facet hypertrophy with foraminal narrowing. At L5-S1 there is disc degeneration with disc bulge. Electrodiagnostic testing from 2014 reveals chronic neuropathic changes in the L4-5 myotome consistent with L4-5 radiculopathy. The X-rays of the lumbar spine show degenerative disc condition with no instability. At issue is whether spine surgeries medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **L4-5, L5-S1 Laminectomy: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 306, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - Lumbar Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS Low Back Chapter.

**Decision rationale:** This patient does not meet establish criteria for lumbar decompressive surgery. Specifically there is no clear correlation between the patient's MRI findings and physical examination showing specific radiculopathy. The MRI does not clearly correlate with physical exam. Also, the patient has not had documented epidural steroid injection showing relief of the patient's pain. It is unclear whether the physical exam clearly correlate with the patient's imaging studies. Since the patient has not had epidural steroid injection showing improvement, and there is no clear correlation between specific radiculopathy on physical examination and MRI imaging studies, criteria for lumbar laminectomy not met. Therefore this request is not medically necessary.

**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 base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:MTUS Low Back Chapter.

**Decision rationale:** Since surgery is not medically necessary, then all other associated items are not medically necessary.

**1 day inpatient stay:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Low back Chapter Hospital length of stay.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:MTUS Low Back Chapter.

**Decision rationale:** Since surgery is not medically necessary, then all other associated items are not medically necessary.

**Intra Op Nueromonitoring:** 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 Other Medical Treatment Guideline or Medical Evidence:MTUS Low Back Chapter.

**Decision rationale:** Since surgery is not medically necessary, then all other associated items are not medically necessary.

**Lumbar Back Brace: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Low back chapter Back Braces/ Lumbar Supports, ACOEM 2004.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:MTUS Low Back Chapter.

**Decision rationale:** Since surgery is not medically necessary, then all other associated items are not medically necessary.

**Vascutherm DVT unit 14 day rental: 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 Other Medical Treatment Guideline or Medical Evidence:MTUS Low Back Chapter.

**Decision rationale:** Since surgery is not medically necessary, then all other associated items are not medically necessary.