

<b>Case Number:</b>	CM14-0061424		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	04/09/1996
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	04/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/02/2014

### 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 claimant is a 74-year-old gentleman injured on April 9, 1996. The records available for review document a history of low-back complaints since the time of injury and a lumbar fusion performed in 2000. An MRI report dated March 21, 2014 showed 2 millimeter retrolisthesis of L3 on L4 with a 5 millimeter disc bulge. Evidence of a prior, solid fusion at the L4-5 and L5-S1 levels was noted. A follow-up report dated March 26, 2014, documented stenotic changes at the L2-3 and L3-4 levels with prior, solid fusion. Physical examination findings and treatment with conservative care were not referenced. This request is for: laminectomy of the L2-3 level with hardware removal at the L3-4 level; a co-surgeon; a one to two-day inpatient stay postoperatively; preoperative cardiac clearance; preoperative laboratory testing; and 18 sessions of physical therapy postoperatively.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MIS Laminectomy L2 - 3 Removal of Hardware L3 - 4 and MIS Laminectomy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306.

**Decision rationale:** California MTUS ACOEM Guidelines would not support laminectomy of the L2-3 level with hardware removal at the L3-4 level. The reviewed records document no acute, compressive pathology on imaging and no physical examination findings of radicular process. Absent evidence of compressive pathology on imaging and radiculopathy on physical examination, this request would not meet ACOEM Guidelines criteria relevant to surgical intervention and, therefore, would not be established as medically necessary.

**Co-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: Milliman Care Guidelines 18th edition: assistant surgeon Assistant Surgeon Guidelines (Codes 21810 to 22856) CPT® Y/N Description 22630 Y Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; lumbar.

**Decision rationale:** The request for laminectomy of the L2-3 level with hardware removal at the L3-4 level is not established as medically necessary. Therefore, the request for a co-surgeon is not medically necessary.

**1 - 2 Day In Patient Stay:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation "The Requested Surgery is non-certified, therefore...".

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Comp, 18th Edition, 2013 Updates: low back procedure Discectomy/ laminectomy For average hospital LOS after criteria are met, see Hospital length of stay (LOS).

**Decision rationale:** The request for laminectomy of the L2-3 level with hardware removal at the L3-4 level is not established as medically necessary. Therefore, the request for a one- to two-day inpatient stay postoperatively is not medically necessary.

**Cardiac Clearance:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation "The Requested Surgery is non-certified, therefore...".

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental

Medicine (ACOEM), 2nd Edition, (2004) Chapter 7 Independent Medical Examinations and Consultations, page 127.

**Decision rationale:** The request for laminectomy of the L2-3 level with hardware removal at the L3-4 level is not established as medically necessary. Therefore, the request for preoperative cardiac clearance is not medically necessary.

**Pre Operative Lab Work:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation "The Requested Surgery is non-certified, therefore...".

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7 Independent Medical Examinations and Consultations, page 127.

**Decision rationale:** The request for laminectomy of the L2-3 level with hardware removal at the L3-4 level is not established as medically necessary. Therefore, the request for preoperative laboratory testing is not medically necessary.

**Post Operative Physical Therapy, 3 Times a Week for 6 Weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation "The Requested Surgery is non-certified, therefore...".

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): ICD9 722.1; 722.2; 722.5; 722.6; 722.8).

**Decision rationale:** The request for laminectomy of the L2-3 level with hardware removal at the L3-4 level is not established as medically necessary. Therefore, the request for 18 sessions of postoperative physical therapy is not medically necessary.