

<b>Case Number:</b>	CM14-0064498		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	01/24/2008
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	04/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2014

### 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 Spine Surgery, and is licensed to practice in Texas. 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 49-year-old male who reported an injury on 01/24/2008. The diagnosis was intervertebral disc disorder degeneration of thoracic or lumbar intervertebral disc. The injured worker underwent an L5-S1 fusion previously. The mechanism of injury was a slip and fall on ice. Prior treatments included physical therapy and medications. The injured worker underwent a CT of the lumbar spine with contrast on 12/06/2013 which revealed at the level of L4 there was a small collection of air along the ventral aspect of the subarachnoid space at L4 which was inadvertently injected into the subarachnoid space during injection of intravenous contrast. Screws were noted from the prior fusion of L5-S1. The disc spacer was in the expected location. The bony fusion was intact at L5-S1 and the position of the screws was appropriate. The fusion was noted to be intact with no loosening of hardware. The documentation of 03/27/2014 revealed a request for surgical intervention in the form of hardware removal with a left hemilaminectomy at L4-5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L5 - S1 hardware removal, left decompression laminectomy L4-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 305-307.

**Decision rationale:** The ACOEM guidelines indicate a surgical consultation is appropriate for injured workers who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging, preferably with accompanying objective signs of neural compromise. There should be documentation of activity limitations due to radiating leg pain for more than 1 month or extreme progression of lower leg symptoms. There should be clear clinical, imaging, and physiologic evidence of a lesion that has been shown to benefit in both short and long term from surgical repair. There should be documentation of a failure of conservative treatment. The clinical documentation submitted for review failed to provide documentation of an objective physical examination to support clinical findings. There was no electrophysiologic evidence to indicate the injured worker had a necessity for a left decompression at the level of L4-S1. The clinical documentation indicated there was no loosening of the hardware per the CT scan. There was a lack of documentation of a failure of conservative treatment. Given the above, the request for an L5-S1 hardware removal, left decompression laminectomy L4-S1 is not medically necessary.

**Pre-Op EKG:** 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.

**Pre-Op Labs: CBC, BMP, PT/PTT:** 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.

**Pre-Op Chest X-ray:** 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.