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| <b>Case Number:</b>   | CM14-0070748 |                              |            |
| <b>Date Assigned:</b> | 07/14/2014   | <b>Date of Injury:</b>       | 05/13/2005 |
| <b>Decision Date:</b> | 08/21/2014   | <b>UR Denial Date:</b>       | 04/18/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/16/2014 |

### 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 Surgeon 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 48-year-old male who reported an injury on 05/13/2005. The mechanism of injury was not stated. Current diagnoses include post fusion from L3-5, low back pain, left lower limb radiculopathy and post lumbar laminectomy syndrome. The injured worker was evaluated on 04/02/2014. It is noted that the injured worker is status post fusion of the lumbar spine at L4-5 with a secondary exploration and removal of posterior segmental instrumentation. The injured worker reported persistent lower back pain with radiation into the left lower extremity. Physical examination revealed tenderness over the scar area, tenderness over the lumbar paraspinal muscles, sciatic notch tenderness, painful and limited range of motion, negative straight leg raise, decreased sensation in the left lower extremity and normal motor strength. X-rays obtained in the office on that date indicated a solid fusion from L3-5 with posterior segmental instrumentation in satisfactory position. Treatment recommendations at that time included a revision laminectomy with exploration of the fusion and removal of the posterior segmental instrumentation with neurolysis of the nerve roots at L3-4 and L4-5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Removal of Posterior Segmental Instrumentation:** Upheld

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

Treatment Index, 11th Edition (web),2013, Low Back- Lumbar & Thoracic (Acute & Chronic), Fusion (spinal), Hardware implant removal (fixation).

**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.

**Neurolysis of the Nerve Roots L3-L4 and L4-L5:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web),2013, Low Back- Lumbar & Thoracic (Acute & Chronic), Fusion (spinal), Hardware implant removal (fixation).

**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.

**Assistant Surgeon:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Surgeons (web). Physicians as Assistants at Surgery: 2013 Study <http://www.facs.org/ahp/pubs.html>.

**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.

**Revision Laminectomy -Exploration of Fusion:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web),2013, Low Back- Lumbar & Thoracic (Acute & Chronic), Fusion (spinal), Hardware implant removal (fixation).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Discectomy/Laminectomy.

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state that a referral for surgical consultation is indicated for patients who have severe and disabling lower extremity symptoms, activity limitation for more than 1 month, clear clinical, imaging and electrophysiologic evidence of a lesion and a failure of conservative treatment. The Official

Disability Guidelines state prior to a discectomy/laminectomy, there should be evidence of radiculopathy upon physical examination. Imaging studies should reveal nerve root compression, lateral disc rupture or lateral recess stenosis. Conservative treatment should include activity modification, drug therapy and epidural steroid injections. There should also be evidence of a referral for physical therapy, manual therapy or a psychological screening. As per the documentation submitted, the injured worker's physical examination does reveal restricted lumbar range of motion with diminished sensation in the left lower extremity. However, there is no evidence of an exhaustion of conservative treatment prior to the request for an additional surgical procedure. There were also no imaging studies provided for this review. Therefore, the current request cannot be determined as medically appropriate. As such, the request is not medically necessary.