

<b>Case Number:</b>	CM14-0090514		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	05/20/2010
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	06/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2014

### 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 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 56 male whose date of injury is 05/20/10. The mechanism of injury is stated as an accident involving a fork lift malfunction, while he was driving in reverse, that caused him to land hard and he felt his back go out. The injured worker is noted to complain of low back pain radiating to the left lower extremity. No diagnostic/imaging studies were submitted for review with objective evidence of lumbar spine pathology. No flexion/extension films were provided to demonstrate motion segment instability at any level of the lumbar spine. It is noted on a agreed medical examination report, dated 02/11/14, that the injured worker has not worked since 08/18/10, citing low back pain as the primary reason. The treating physician, at this office visit, lists the work status as able to return to work on modified duty. The injured worker most recently was seen on 08/05/14. On examination the injured worker uses a single point cane for ambulation. He has difficulty with sitting straight leg raise. He is able to stand on toes and heels and squats without deviation. There is no lower extremity motor dysfunction. The injured worker reportedly has positive disc pathology that has increased in size since the prior lumbar MRI, but no radiology report was provided. The records indicate that the injured worker has been treated with medications and acupuncture, but there is no comprehensive history of conservative treatment completed to date. Prior utilization review denied request for 1 Left L4-5, S1 laminectomies, medical facetectomies, possible discectomies/fusion/instrumentation, length of stay unspecified between 6/11/14 and 7/26/14 on June 16, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Left L4-5, S1 Laminectomies, Medical Facetectomies, Possible Discectomies/fusion/instrumentation, Length of Stay Unspecified Between 6/11/14 and 7/26/14: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306,307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter

**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, Fusion (spinal); Discectomy/ laminectomy

**Decision rationale:** Current evidence-based guidelines for lumbar discectomy/laminectomy require that there be evidence of motor, sensory, and reflex changes that correlate to objective findings on imaging studies, with documentation of failure of conservative care. Lumbar fusion may be indicated for patients with increased spinal instability after surgical decompression at the level of degenerative spondylolisthesis. A presurgical psychological evaluation addressing confounding issues should be documented. The injured worker in this case is reported to have had acupuncture, but there is no evidence that the injured worker has had an appropriate course of physical therapy or a trial of epidural steroid injections prior to pursuing. No imaging studies were provided with evidence of nerve root compromise or segmental instability at any level of the lumbar spine. There is no indication that a psychological assessment has been completed. Based on the clinical information provided, the request for left L4-5, S1 laminectomies, medical facetectomies, possible discectomies/fusion/instrumentation, length of stay unspecified is not medically necessary and appropriate.