

<b>Case Number:</b>	CM15-0101755		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	05/15/1998
<b>Decision Date:</b>	07/08/2015	<b>UR Denial Date:</b>	05/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: New York  
 Certification(s)/Specialty: Neurological Surgery

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 61 year old male sustained an industrial injury to the low back on 5/15/98. Previous treatment included lumbar surgery times five, epidural steroid injections and medications. In a progress note dated 12/17/14, the injured worker complained of continuing low back pain and right lower extremity radiculopathy. Physical exam was remarkable for positive right straight leg raise, possible slight right lower extremity weakness, decreased sensation to the right L5-S1 distribution and painful lumbar spine range of motion in all planes. In a progress note dated 4/29/15, the physician noted that recent magnetic resonance imaging and computed tomography of lumbar spine showed extensive scar tissue and foraminal narrowing at the L5-S1 segment. The hardware was out at L5. The injured worker had persistent weakness in the L5 to S1 distribution. Current diagnoses included status post lumbar fusion at L3 to S1, status post hardware removal and revision laminectomy and residual right sided radicular neuropathic pain at the L5-S1 distribution. The treatment plan included revision laminotomy and foraminotomy with decompression at L5-S1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Revision Laminotomy & Foraminotomy with decompression at L5-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305 and 306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar and Thoracic Chapter, (online version).

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

**Decision rationale:** The California MTUS guidelines recommend surgery when the patient has had severe persistent, debilitating lower extremity complaints referable to a specific nerve root or spinal cord level corroborated by clear imaging, clinical examination and electrophysiological studies. Documentation does not provide this evidence. Despite multiple lumbar procedures the patient continues with pain. The guidelines note the patient would have failed a trial of conservative therapy. Documentation does not provide evidence of failed non-surgical programs. The guidelines note the surgical repair proposed for the lesion must have evidence of efficacy both in the short and long term. Documentation does not provide reassurance of long term efficacy. The requested treatment: Revision Laminotomy & Foraminotomy with decompression at L5-S1 is not medically necessary and appropriate.

**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 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.

**One (1) day inpatient length of stay:** 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 operative medical clearance:** 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.