

<b>Case Number:</b>	CM15-0015738		
<b>Date Assigned:</b>	02/03/2015	<b>Date of Injury:</b>	12/04/2013
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	01/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2015

### 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 48 year old male sustained an industrial injury on 12/4/13. He subsequently reports low back pain with radiation to lower extremities. MRIs dated 5/2/14 and 12/20/14 revealed findings of multilevel degenerative disc disease with a bulging disc at L5-S1 of the lumbar spine. Prior treatments include nerve conduction studies and physical therapy. The UR decision dated 1/19/15 non-certified #1 L5-S1 Laminectomy and Medial Facetomy and Foraminotomy to Decompress the Left L5 Nerve Root #2 Pre-Op Labs; CBC, BPM, PT, PTT, UA #3 Chest X-Ray; EKG #4 1 Day Inpatient Stay. The L5-S1 Laminectomy and Medial Facetomy and Foraminotomy to Decompress the Left L5 Nerve Root was denied based on California MTUS, ACOEM and ODG guidelines. The Pre-Op; Labs; CBC, BPM, PT, PTT, UA, Chest X-Ray; EKG, 1 Day Inpatient Stay were denied since they were predicated on the initial surgical request which was denied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L5-S1 Laminectomy and Medial Facetomy and Foramenotomy to Decompress the Left L5 Nerve Root:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Laminectomy/Laminotomy.

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

**Decision rationale:** The California MTUS guidelines recommend surgical consultation if the patient has clear clinical, imaging and electrophysiologic evidence of a lesion that is known both in the short term and long to respond to surgical repair. Documentation does not provide this evidence. The objective physical findings do not support neural compromise. He has no weakness, numbness, reflex changes and his straight leg raising test is normal. The MRI scan findings only show a lumbar disc bulge and the degree of stenosis is not what one would expect to explain this patient's symptoms. The requested treatment: L5-S1 laminectomy and medial facetectomy and foramenotomy to decompress the left L5 nerve root is not medically necessary and appropriate.

**Associated Surgical Service: Pre-Operative Labs: Complete Blood Count (CBC), Basic Metabolic Panel (BMP), Prothrombin Time (PT), Partial Thromboplastin Time (PTT), Urinalysis (UA):** 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) 19th Edition Low Back Chapter, Preoperative lab testing.

**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.

**Associated Surgical Service: Chest X-Rays:** 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.

**Associated Surgical Service: Electrocardiography (EKG):** 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), Low Back Chapter, Preoperative electrocardiogram (ECG).

**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.

**Associated Surgical Service: 1 Day Inpatient Stay:** 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), Low Back Chapter, Hospital length of stay (LOS).

**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.