

<b>Case Number:</b>	CM15-0184796		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	09/12/2002
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	09/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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, Montana, California  
 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:

The injured worker is a 49 year old male, who sustained an industrial injury on 09-12-2002. He has reported subsequent low back pain and was diagnosed with status post lumbar fusion, lumbar postlaminectomy syndrome, piriformis syndrome and myofascial pain syndrome. Treatment to date has included pain medication, physical therapy and surgery. In a 07-06-2015 progress note, the physician noted that the injured worker underwent a one level lumbar fusion at L5-S1 in October 2014 but had not gotten relief of back and leg pain. The physician noted that the injured worker was referred for pain management due to still taking large quantities of narcotics. The pain management physician was noted to recommend additional therapy and trigger point injections which were indicated as having been denied. Objective findings showed an antalgic gait toward the left side, tenderness to palpation over the left piriformis region, mild tenderness to palpation over the left sciatic notch, tenderness to palpation over the lower hardware site on the left side, minimal tenderness over the lumbar spine and discomfort with straight leg raise in the left leg. Given ongoing pain, CT of the lumbar spine and EMG studies of the lower extremities were ordered. CT scan results of the lumbar spine dated 07-30-2015 showed posterior fusion with bilateral pedicle screws at L5-S1 with interconnecting rods with no evidence of hardware failure, interbody spacer at L5-S1, adequate appearing alignment, bilateral laminectomy change at L5 and degenerative changes in the bilateral sacroiliac joints with bridging osteophytes. In a progress note dated 08-26-2015, the injured worker was seen to review results of his CT scan, MRI scan and EMG-nerve conduction studies. Examination was documented as unchanged. The physician indicated that MRI and CT scan results were

reviewed. The physician indicated that his interpretation was that the CT scan showed well placed instrumentation with no signs of failure and good interbody graft in position. EMG-NCS was noted to show old damage on the left side, consistent with clinical presentation. The physician indicated he had advised the injured worker that if he wanted the hardware removed he would do so but that the injured worker wanted to hold off for now. A request for authorization of surgery- spine: removal and exploration of the L5-S1, associated surgical services including assistant surgeon and inpatient hospitalization, quantity of 2 days and post-operative island bandage quantity 1 box, post-operative lumbar brace and post-operative physical therapy three times a week for six weeks for the lumbar spine quantity of 18 sessions was submitted. As per the 09-03- 2015 utilization review, the aforementioned requests were non-certified.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Surgery-spine: removal and exploration of the L5-S1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back chapter-Hardware removal.

**Decision rationale:** The California MTUS guidelines recommend lumbar 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. The guidelines note the patient would have failed a trial of conservative therapy. Documentation does not provide this evidence. The guidelines note the surgical repair proposed for the lesion must have evidence of efficacy both in the short and long term. The ODG guidelines do recommend removal of hardware if it is broken, impinging on neural structures and found to be a pain generator. Documentation does not show this evidence. The MTUS guidelines do not suggest exploration of the spine and documentation does not provide a rationale as to why this would be prudent. The requested Treatment: Surgery-spine: removal of hardware and exploration of the L5-S1 is not medically necessary and appropriate.

#### **Associated surgical services: 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:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

#### **Associated surgical services: inpatient hospitalization, quantity: 2 days: 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:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

**Post-operative physical therapy three times a week for six weeks for the lumbar spine quantity: 18 sessions:** 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:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

**Post-operative island bandage quantity: 1 box:** 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:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

**Post-operative lumbar brace:** 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:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.