

<b>Case Number:</b>	CM15-0195396		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	10/27/2011
<b>Decision Date:</b>	11/23/2015	<b>UR Denial Date:</b>	09/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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 54 year old male injured worker suffered an industrial injury on 10-27-2011. The diagnoses included low back and lower extremity pain and weakness, lumbar fusion, L3-4 disc protrusion, degeneration and disc disease and right lumbar radiculopathy. On 9-24-2015 the treating provider reported he had undergone a spine surgery consultation and recommended lumbar spine surgery. He continued to be symptomatic with severe pain. The severe low back pain radiated to both lower extremities described as "electrical burning" in both legs along with significant insomnia. Currently the only medication in use was Percocet. On exam the lumbar spine had tenderness and muscle spasms with reduced range of motion along with bilateral straight leg raise. The provider noted a lumbar computed tomography was performed but the results were not included in the medical record. Prior treatment included physical therapy, medication, lumbar fusion in 2012, and lumbar nerve block 12-2013, 6-2014 and 1-2015. On 7-15-2015 there was a bilateral transforaminal epidural steroid injection. Diagnostics included lumbar magnetic resonance imaging revealed degenerative disc disease and disc desiccation L3-4. Request for Authorization date was 9-24-2015. The Utilization Review on 9-29-2015 determined non- certification for L3-4 revision posterior laminectomy with interspinous corflex devise with pre- operative associated services.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L3-4 revision posterior laminectomy with interspinous corflex device: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines.

**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 Chapter-Dynamic neutralization system.

**Decision rationale:** The ODG guidelines do not recommend posterior dynamic stabilization devices since long term follow-up data is sparse. The guidelines do recommend laminectomy for lumbar spinal stenosis. Documentation in this case does not describe severe stenosis or correlate clinical exam, neurological findings and the imaging results. The requested treatment: L3-4 revision posterior laminectomy with interspinous corflex device is not medically necessary and appropriate.

**Associated surgical services: Surgical Assistant: 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 op history and physical for Sx 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.

**Pre op labs CBC with differential: 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 op labs CMP:** 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 op labs PT/PTT:** 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 op chest X-ray:** 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 op EKG:** 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 op labs UA:** 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 op labs MRSA screen:** 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.