

<b>Case Number:</b>	CM15-0208312		
<b>Date Assigned:</b>	10/27/2015	<b>Date of Injury:</b>	07/28/2011
<b>Decision Date:</b>	12/21/2015	<b>UR Denial Date:</b>	10/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2015

### 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: California  
 Certification(s)/Specialty: Orthopedic 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 48 year old male, who sustained an industrial injury on 7-28-11. Medical records indicate that the injured worker is undergoing treatment for lumbar four-five and lumbar five-sacral one degenerative disc disease with stenosis and an annular fissure, lumbar four-lumbar five stenosis and right leg radiculopathy. The injured worker is currently permanent and stationary. The injured workers current work status was not identified. On (9-16-15) the injured worker complained of low back pain, primarily right-sided which radiated into the right posterior thigh and calf. The pain was rated 7-8 out of 10 without medications and 6 out of 10 with medications on the visual analog scale. The injured worker had difficulty with dressing, toileting, sitting, standing, lifting, riding, driving and sleeping. Medications help make performing these activities easier. Examination of the lumbar spine revealed tenderness to palpation over the paravertebral muscles bilaterally and tenderness over the sacroiliac joint bilaterally. Sensation to light touch and pinprick was intact in the bilateral lower extremities. A straight leg raise test was positive on the right. Treatment and evaluation to date has included medications, lumbar x-rays, lumbar MRI, electromyography-nerve conduction study and a urine drug screen. The injured worker had prior epidural steroid injections with no improvement. The MRI of the lumbar spine (6-4-15) revealed lumbar spondylosis at lumbar two-three through lumbar five-sacral one discs with moderate to severe degenerative changes in lumbar four-lumbar five. At lumbar five-sacral one a posterior superior annular tear with disc protrusion was noted. At lumbar four-lumbar five moderate narrowing of the disc space and a posterior disc protrusion was noted. Mild to moderate narrowing of the neural foramina bilaterally was also noted. Current medications

include Norco, Prilosec, Colace, Miralax and Anaprox. The Request for Authorization dated 9-12-15 included requests for a right lumbar four-five laminectomy and foraminotomy, assistant surgeon, pre-operative chest s-ray, pre-operative medical clearance, pneumatic intermittent compression device, one day inpatient hospital stay, post-operative lumbar-sacral orthosis brace and post-operative physical therapy for the lumbar spine three times six. The Utilization Review documentation dated 10-12-15 non-certified the requests for a right lumbar four-five laminectomy and foraminotomy and associated services.

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

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

#### **Right L4-5 laminectomy and foraminotomy: Upheld**

**Claims Administrator 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, Discectomy/laminectomy.

**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, Discectomy/laminectomy.

**Decision rationale:** CA MTUS/ACOEM Low back complaints, page 308-310 recommends surgical consideration for patients with persistent and severe sciatica and clinical evidence of nerve root compromise if symptoms persist after 4-6 weeks of conservative therapy. According to the ODG Low Back, discectomy/laminectomy criteria, discectomy is indicated for correlating distinct nerve root compromise with imaging studies. In this patient the exam note of 9/16/15 does not demonstrate progressive symptoms or a clear lumbar radiculopathy. Therefore the guideline criteria have not been met and determination is for not medically necessary.

#### **Assistant surgeon: 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, Surgical assistant.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.aaos.org/about/papers/position/1120.asp>.

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

#### **Associated surgical service: One day inpatient hospital 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, Hospital length of stay (LOS).

**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, Hospital length of stay.

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

**Preoperative medical clearance with internal medicine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Basic Standard for Preanesthesia Care, Committee of Origin; Standards and Practice parameters (Approved by the ASA House of Delegates on October 14, 1987, and last affirmed on October 20, 2010).

**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, Preoperative testing.

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

**Preoperative chest x-ray:** 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, Preoperative testing, general.

**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, Preoperative testing.

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

**Postoperative lumbar LSO:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Back Brace, postoperative (fusion).

**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, brace, postoperative.

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

**Associated Surgical Service: Pneumatic intermittent compression device:** 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), Knee and Leg, Venous thrombosis.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg, venous thrombosis.

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

**Postoperative physical therapy for the lumbar spine (3x6):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): Low Back.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): Low Back.

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