

<b>Case Number:</b>	CM15-0045880		
<b>Date Assigned:</b>	03/18/2015	<b>Date of Injury:</b>	02/16/2011
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	02/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2015

### 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:

The injured worker is a 43 year old female who sustained a work related injury February 16, 2011. After lifting a box and placing it overhead, she felt a strong pain in the thoracic-lumbar region. She was treated for a diagnosis of back sprain with medication, physical therapy, and an MRI. A qualified medical examiner evaluation, dated July 24, 2014, documents diagnoses as lumbar disc protrusions at L4-5 and L5-S1; L5 neuropathy, right; lumbar arthralgia; thoracic disc protrusions for T5-6 through T7-8; and cervicogenic headache. A request for authorization is present in the medical record dated February 17, 2015, with a diagnosis of herniated disk x 2 and request for bilateral L5/S1 lumbar laminectomy discectomy, pre-operative testing, assistant surgeon, medical clearance, lumbar brace, and DVT (deep vein thrombosis) wrap. There is a handwritten notation and physical examination check list in the medical record, a half of the page is blank and the other half does not include the injured workers name. There are no other treating physician notes or MRI reports present in the medical record.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated surgical service: 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), Treatment Index, 11th Edition (web), 2014, Low Back, Surgical assistant.

**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: In-Patient stay 1 day:** 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); Hospital Length of Stay Guidelines.

**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: Pre-op medical clearance:** 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), Treatment Index, 11th Edition (web), 2014, Low Back, Laminectomy/Discectomy.

**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: Pre-op 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), Treatment Index, 11th Edition (web), 2014, Low Back, Laminectomy/Discectomy.

**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.

**Bilateral L5/S1 Laminectomy/Discectomy:** 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), Treatment Index, 11th Edition (web), 2014, Low Back, Laminectomy/Discectomy.

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

**Decision rationale:** The California MTUS guidelines note that surgical consultation is indicated if the patient has persistent, severe and disabling lower symptoms. The documentation shows this patient has been complaining of pain in the mid back. Documentation does not disclose a history of symptoms typical of lumbosacral problem. The guidelines also list that clear clinical, imaging and electrophysiological evidence indicating a lesion which has been shown to benefit both in the short and long term from surgical repair is present. Documentation does not show this evidence. The requested treatment is for a bilateral L5/S1 laminectomy but her diagnosis has been a L5 neuropathy. The guidelines also stress the wisdom of a psychological assessment. The requested treatment Bilateral L5/S1 Laminectomy/Discectomy is not medically necessary.