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| Case Number: | CM14-0135033 | | |
| Date Assigned: | 08/29/2014 | Date of Injury: | 11/17/2010 |
| Decision Date: | 10/10/2014 | UR Denial Date: | 07/30/2014 |
| Priority: | Standard | Application Received: | 08/21/2014 |

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 32 year old male who had a work related injury on 11/17/10. On that date he tried to prevent himself from falling off of a tractor, and developed low back pain. He did fail conservative treatment and underwent a bilateral hemilaminotomy, medial facetectomy, and foraminotomy at the L5-S1 level. He has undergone physical therapy, epidural steroid injections, all without significant relief of his symptoms. The most recent medical record submitted for review is dated 08/26/14. He returns in order to routine follow up visit. He reports he is authorized to see [REDACTED] for injection therapy and pain management. He describes symptoms of increase in lumbar spine pain. In terms of severity, he rates his pain as a 7/10. These symptoms have been present several years, and have recently occurred in the context of a previous work related injury and subsequent surgery. He reports his symptoms are constant and are worse at night and are made worse by prolonged walking and everyday activities and alleviated by nothing and the injured worker reports continued pain in spite of care. It is associated with bilateral leg weakness, pain radiating down the bilateral hips. Current medication is Percocet 10/325mg, Valium 10mg, Lyrica, Norco 10/325mg. On physical examination, well-nourished and appropriately groomed with normal musculoskeletal development and no obvious deformities. He is oriented to time/place/person with mood appropriate for the context of a medical history and physical. Gait normal and station is normal. The surgical incision is clean, dry, and intact. No surrounding erythema, cellulitis, or discharge. With the exception of the lumbar spine, examination of the rest of the head, neck, spine, and all 4 extremities reveals inspection and progression within normal limits without tenderness, obvious masses, or swelling. Range of motion is within normal limits without pain or crepitus. Stability normal without subluxation or unusual laxity. Muscle tone normal bulk, without spasticity, flaccidity, or atrophy. Nor abnormal scars, rashes, or ulcers. MRI on 03/28/14 revealed isolated

degenerative disc disease at L5-S1 with broad central posterior disc protrusion that abuts the descending nerve root within the lateral recess at L5-S1. It is difficult to discern how much of this represents a residual or recurrent disc protrusion versus some expected epidural fibrosis abutting the nerve roots, especially within the right lateral recess. X-rays with flexion and extension views dated 06/19/14 described stable mild retrolisthesis of L5 on S1 with no instability or interval change. The injured worker has bilateral leg symptoms, he has a prior surgery with a bilateral hemilaminotomy, medial facetectomy, and foraminotomy at the L5-S1 level, his current pathology on MRI is at that level with a protruding disc abutting the S1 nerve roots bilaterally. There is no documentation that the injured worker has failed the epidural steroid injections. There is no psych eval. Prior utilization review on 07/23/14 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 laminectomy PLIF & Fusion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation ODG (Low Back Chapter)

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, Fusion(spinal)

Decision rationale: The request for L5-S1 laminectomy PLIF & Fusion is not medically necessary. The clinical documentation submitted for review as well as current evidence based guidelines do not support the request. There is no documentation that the injured worker has failed the epidural steroid injections. There is no psych eval. Prior utilization review on 07/23/14 was non-certified. Therefore, medical necessity has not been established.