

<b>Case Number:</b>	CM15-0015479		
<b>Date Assigned:</b>	02/03/2015	<b>Date of Injury:</b>	03/06/2012
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	01/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2015

### 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, New Hampshire, Washington  
 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 50-year-old male, who sustained an industrial injury on March 6, 2012. He has reported low back pain. The diagnoses have included status post lumbosacral interbody fusion at the lumbar 5-Sacral 1 level, post laminectomy/ intractable mechanical pain and [persistent radicular complaints. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention, conservative therapies, pain medications, and work restrictions. Currently, the IW complains of low back pain interfering with activities of daily living. The injured worker reported an industrial injury in 2012 resulting in chronic low back pain; He reported the pain was severe enough to interfere with activities of daily living. He required surgical intervention of the back however, the pain remains persistent. Evaluation on March 13, 2014, revealed previous acupuncture treatments were subjectively beneficial however; the low back pain was still present. On August 16, 2014, evaluation revealed continued low back pain. It was noted the anniversary date of the surgical procedure was coming up. A second surgical opinion was requested. On January 15, 2015, Utilization Review non-certified a request for revision laminectomy/exploration and removal of hardware, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On January 21, 2015, the injured worker submitted an application for IMR for review of requested revision laminectomy/exploration and removal of hardware.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Revision Laminectomy/Exploration & Removal of Hardware:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-322.

**Decision rationale:** 50 yo male with previous back fusion surgery and now has chronic low back pain. MTUS criteria for revision surgery not met. There is no documentation of nonunion or loose hardware. There is no correlation between imaging studies and exam showing radiculopathy and nerve root compression. There is no instability, fracture, or tumor. There is no significant neuro deficit. More conservative measures are needed. Surgery not needed.

**Local Steroid Injection (Retro):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 280-322.

**Decision rationale:** Records do not document specific radiculopathy that clearly correlates with exam and imaging. MTUS guidelines for injections not met. Radiculopathy not clearly defined.