

<b>Case Number:</b>	CM15-0041753		
<b>Date Assigned:</b>	03/12/2015	<b>Date of Injury:</b>	09/01/2012
<b>Decision Date:</b>	05/11/2015	<b>UR Denial Date:</b>	02/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2015

### 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: Texas  
 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 53-year-old male who reported injury on 09/01/2012. The mechanism of injury was not included. His diagnoses included lumbago and radiculopathy. His past treatments have included epidural steroid injections; trigger point injections, pain medications. His diagnostic studies have included lumbosacral x-rays and lumbar spine MRI without contrast. His surgical history was not included. The injured worker had complaint of back pain; however, the pain level dropped to a 1/10 to 2/10 while in physical therapy. On physical exam, there was a positive twitch response with referred pain. Painful myofascial trigger areas were palpated. Physical exam findings indicate straight leg raise are positive on the right. His medications included Valium 10mg and gabapentin 300mg. His treatment plan included the injured worker does not want back surgery locally. Attempt a spinal cord stimulator trial. The rationale for the request was not included. The Request for Authorization form was not included in the medical record.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L4-5 Bilateral Laminectomy, Medial Facetectomy and Posterior Lateral Fusion with Pedicle Screws and Local Bone: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, 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, Discectomy/Laminectomy.

**Decision rationale:** The request for L4-5 bilateral laminectomy, medial facetectomy and posterior lateral fusion with pedicle screws and local bone is not medically necessary. Official Disability Guidelines state the criteria for laminectomy include symptoms findings, which confirm presence of radiculopathy. Imaging studies for a concordance between radicular findings on radiologic evaluation and physical exam findings and conservative treatment including activity modification, NSAIDS, muscle relaxants, epidural steroid injections, physical therapy, manual therapy, psychological screening, and back school. There is lack of documentation indicating these criteria have been met. There is also no documentation of instability at the level requested. Therefore, the request for L4-5 bilateral laminectomy, medial facetectomy and posterior lateral fusion with pedicle screws and local bone is not medically necessary.

**Inpatient Stay (3-days):** 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.

**Assistant Surgeon:** 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-Operative Medical Clearance with Primary Treating Physician:** 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.