

<b>Case Number:</b>	CM15-0091175		
<b>Date Assigned:</b>	05/19/2015	<b>Date of Injury:</b>	06/16/2014
<b>Decision Date:</b>	06/17/2015	<b>UR Denial Date:</b>	05/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2015

### 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 34-year-old male, who sustained an industrial injury on 6/16/14. He reported low back pain with numbness of the right leg. The injured worker was diagnosed as having displacement of the lumbar intervertebral disc without myelopathy, low back pain, and degeneration of the lumbar intervertebral disc, lumbosacral spondyloarthritis, and numbness. Treatment to date has included 18 physical therapy sessions, a lumbar epidural steroid injection in November 2014 and medication. Currently, the injured worker complains of low back pain, right buttock pain, posterior right thigh tingling, and tingling of the feet. The treating physician requested authorization for lumbar spine surgery consisting of laminectomy, microdiscectomy at L5-S1 bilaterally. Other requests included associated surgical services of 2-3 days in-patient stay, a home nurse for dressing changes daily for 2 weeks, home therapy (6-sessions), and a motorized cold therapy unit 2 week rental.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Spine Surgery consisting of Laminectomy, Microdiscectomy, L5-S1 bilaterally:**  
 Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Lumbar decompression and AMA Guides (Radiculopathy).

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

**Decision rationale:** The California MTUS guidelines recommend cervical surgery when the patient has had severe persistent, debilitating lower extremity complaints referable to a specific nerve root or spinal cord level corroborated by clear imaging, clinical examination and electrophysiological studies. Documentation does not supply evidence for a bilateral L5-S1 laminectomy, microdiscectomy. The guidelines note the patient would have failed a trial of conservative therapy. The guidelines note the surgical repair proposed for the lesion must have evidence of efficacy both in the short and long term. Therefore, the requested treatment is not medically necessary and appropriate.

**Associated Surgical Service: Inpatient Stay (2-3 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.

**Associated Surgical Service: Home Nurse - Dressing Changes (daily for 2 weeks): 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.

**Associated Surgical Service: Home Therapy (6-sessions, 3 times a week for 2 weeks): 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.

**Associated Surgical Service: Motorized Cold Therapy Unit (2-week rental): 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.