

<b>Case Number:</b>	CM13-0008907		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	03/01/1996
<b>Decision Date:</b>	01/30/2014	<b>UR Denial Date:</b>	07/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/09/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in California. 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 physician 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 patient is a 50-year-old male who reported an injury on 3/1/96; the mechanism of injury was not provided. The patient was noted to have continuing severe pain in the low back and into both legs, and a numb feeling. He was noted to have a positive Lasegue's bilaterally, and motor weakness at L4 to S1 at 4/5, decreased sensation bilaterally at L4-5 and L5-S1, and pain bilaterally at L3 to L5 and L5-S1. The diagnoses were noted to include lumbar discogenic disease and lumbar radiculopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The request for anterior and posterior lumbar decompression with fusion at L3:** Upheld

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

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

**Decision rationale:** The California MTUS/ACOEM Guidelines state that surgical consultation is indicated for patients who have severe and disabling lower extremity symptoms, activity limitations due to radiating leg pain for more than one month, extreme progression of lower extremity symptoms, clear clinical, imaging, electrophysiological evidence of a lesion that has

been shown to benefit in both short and long term from surgical repair, and failure of conservative treatment to resolve disabling radicular symptoms. Patients with increased spinal instability after surgical decompression at the level of degenerative spondylolisthesis may be candidates for fusion; such a patient should have a psychological screening to improve surgical outcomes. The patient was noted to have decreased sensation at L4-5 and L5-S1 along with pain bilaterally at L3 to L5 and L5-S1. He also has motor weakness of 4/5 at L4 to S1. The patient was noted to have spasms, painful range of motion, and limited range of motion. However, the clinical documentation dated 4/18/13 failed to provide a recent thorough objective examination with indications and positive objective findings for the requested surgery. It also does not mention if the patient had a psychological evaluation and an MRI with positive findings. Given the above, the request for anterior and posterior lumbar decompression with fusion at L3 is not medically necessary.

**Anterior and posterior lumbar decompression with fusion at L4:** Upheld

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

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

**Decision rationale:** The California MTUS/ACOEM Guidelines state that surgical consultation is indicated for patients who have severe and disabling lower extremity symptoms, activity limitations due to radiating leg pain for more than one month, extreme progression of lower extremity symptoms, clear clinical, imaging, electrophysiological evidence of a lesion that has been shown to benefit in both short and long term from surgical repair, and failure of conservative treatment to resolve disabling radicular symptoms. Patients with increased spinal instability after surgical decompression at the level of degenerative spondylolisthesis may be candidates for fusion; such a patient should have a psychological screening to improve surgical outcomes. The patient was noted to have decreased sensation at L4-5 and L5-S1 along with pain bilaterally at L3 to L5 and L5-S1. He also has motor weakness of 4/5 at L4 to S1. The patient was noted to have spasms, painful range of motion, and limited range of motion. However, the clinical documentation dated 4/18/13 failed to provide a recent thorough objective examination with indications and positive objective findings for the requested surgery. It also does not mention if the patient had a psychological evaluation and an MRI with positive findings. Given the above, the request for anterior and posterior lumbar decompression with fusion at L4 is not medically necessary.

**Anterior and posterior lumbar decompression with fusion at L5:** Upheld

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

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

**Decision rationale:** The California MTUS/ACOEM Guidelines state that surgical consultation is indicated for patients who have severe and disabling lower extremity symptoms, activity limitations due to radiating leg pain for more than one month, extreme progression of lower extremity symptoms, clear clinical, imaging, electrophysiological evidence of a lesion that has been shown to benefit in both short and long term from surgical repair, and failure of conservative treatment to resolve disabling radicular symptoms. Patients with increased spinal instability after surgical decompression at the level of degenerative spondylolisthesis may be candidates for fusion; such a patient should have a psychological screening to improve surgical outcomes. The patient was noted to have decreased sensation at L4-5 and L5-S1 along with pain bilaterally at L3 to L5 and L5-S1. He also has motor weakness of 4/5 at L4 to S1. The patient was noted to have spasms, painful range of motion, and limited range of motion. However, the clinical documentation dated 4/18/13 failed to provide a recent thorough objective examination with indications and positive objective findings for the requested surgery. It also does not mention if the patient had a psychological evaluation and an MRI with positive findings. Given the above, the request for anterior and posterior lumbar decompression with fusion at L5 is not medically necessary.

**Anterior and posterior lumbar decompression with fusion at S1: Upheld**

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

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

**Decision rationale:** The California MTUS/ACOEM Guidelines state that surgical consultation is indicated for patients who have severe and disabling lower extremity symptoms, activity limitations due to radiating leg pain for more than one month, extreme progression of lower extremity symptoms, clear clinical, imaging, electrophysiological evidence of a lesion that has been shown to benefit in both short and long term from surgical repair, and failure of conservative treatment to resolve disabling radicular symptoms. Patients with increased spinal instability after surgical decompression at the level of degenerative spondylolisthesis may be candidates for fusion; such a patient should have a psychological screening to improve surgical outcomes. The patient was noted to have decreased sensation at L4-5 and L5-S1 along with pain bilaterally at L3 to L5 and L5-S1. He also has motor weakness of 4/5 at L4 to S1. The patient was noted to have spasms, painful range of motion, and limited range of motion. However, the clinical documentation dated 4/18/13 failed to provide a recent thorough objective examination with indications and positive objective findings for the requested surgery. It also does not mention if the patient had a psychological evaluation and an MRI with positive findings. Given the above, the request for anterior and posterior lumbar decompression with fusion at S1 is not medically necessary.