

<b>Case Number:</b>	CM13-0021049		
<b>Date Assigned:</b>	11/08/2013	<b>Date of Injury:</b>	06/14/2006
<b>Decision Date:</b>	04/28/2014	<b>UR Denial Date:</b>	08/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/06/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an 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 New York. 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 37-year-old female with a date of injury of June 14, 2006. She injured her back while lifting boxes and sustaining a fall. She underwent L5-S1 lumbar laminotomy in 2007. She continued to have back pain after surgery. She has been treated conservatively with medication, physical therapy, epidural steroid injections. The patient smokes a half pack a day continues to have low back pain. She also has pain that radiates into the left lower extremity. On physical examination the patient has numbness in the left thigh calf region. And she has diminished sensation also in the dorsum and lateral aspect of the left ankle. Lumbar MRI from March 2013 shows L4-5 minimal disc bulge with facet hypertrophy. There is moderate right foraminal stenosis. At L5-S1 post-operative findings related to laminectomy and scar tissue. There is also foraminal narrowing. Lumbar CT myelogram from March 2013 shows laminotomy at L5-S1. There are degenerative changes at L5-S1. Flexion-extension views do not show instability at any lumbar level. Physical examination reveals reduced lumbar range of motion. 4-5 lumbar tibialis anterior strength, EHL strength. Quadriceps is 3+ over 5 on the left. Patient has difficulty with toe walk and heel walk. Sensation is diminished in the L5-S1 dermatomes. Conservative treatment has consisted of medications, physical therapy and steroid injections. At issue is whether L4-5 and L5-S1 anterior lumbar fusion with posterior decompression and posterior fusion is medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ANTERIOR INTERBODY FUSION AT L4-5 AND L5-S1, POSTERIOR DECOMPRESSION WITH POSTEROLATERAL FUSION AND PEDICLE SCREW INSTRUMENTATION AT L4-5 AND L5-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): 308-322.

**Decision rationale:** This employee does not meet established criteria for lumbar decompressive and fusion surgery at two lumbar levels. Specifically, the imaging studies do not document any instability in any lumbar level. Also, criteria for lumbar fusion are not met because the employee does not have any red flag indicators for lumbar fusion such as fracture, tumor, or progressive neurologic deficit. Since there is no lumbar instability present, lumbar fusion is not medically necessary. Lumbar fusion for cases of multiple levels of degeneration is not more likely than conservative measures to relieve chronic back pain complaints. This employee also does not meet established criteria for lumbar decompressive surgery. Specifically, there is no correlation between neurophysiologic testing, physical examination showed specific radiculopathy, and imaging studies showing specific compression of lumbar nerve roots. Established criteria for lumbar decompressive surgery are not met. The employee's MRI and CT myelogram studies do not show very severe compression of lumbar nerve roots that clearly correlate with physical exam findings of radiculopathy and is associated with neurophysiologic imaging showing lumbar radiculopathy. Multilevel lumbar decompressive surgery is not medically necessary.

**2 DAYS INPATIENT STAY: 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.