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| <b>Case Number:</b>   | CM13-0026599 |                              |            |
| <b>Date Assigned:</b> | 11/22/2013   | <b>Date of Injury:</b>       | 05/02/2011 |
| <b>Decision Date:</b> | 02/07/2014   | <b>UR Denial Date:</b>       | 09/10/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/19/2013 |

### 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, has a subspecialty in Spine Surgery and is licensed to practice in Montana, Tennessee and Texas. 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 47-year-old female who reported an injury on 05/02/2011. The patient is diagnosed with L3-4 and L4-5 disc desiccation and disc bulging, persistent back pain, left lumbar radiculitis with myofascial pain. The patient was seen by [REDACTED] on 10/22/2013. Physical examination revealed decreased lumbar range of motion and tenderness in the lumbar paraspinal and iliolumbar regions. Treatment recommendations included continuation of current medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **POSTEROLATERAL INTERSPINAL FUSION L4-5: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation ODG (Low Back Chapter); AMA Guides (Radiculopathy, instability). AAOS Positions Statement Reimbursement of the First Assistant at Surgery in Orthopedics

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Decompression, Fusion (spinal)

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state surgical consultation is indicated for patients who have severe and disabling lower extremity symptoms, activity limitation for more than 1 month, extreme progression of lower extremity symptoms, clear clinical, imaging and electrophysiological evidence of a lesion, and failure of conservative treatment to resolve symptoms. Patients with increased spinal instability after surgical decompression at the level of degenerative spondylolisthesis may be candidates for a fusion. As per the clinical notes submitted, the patient does not exhibit neurological deficits on physical examination. The patient previously underwent an MRI of the lumbar spine on 07/03/2013, which indicated a 2 mm, broad-based disc bulge at L4-5 with minimal narrowing of spinal canal with facet degenerative changes. There is no evidence of documented instability on flexion and extension view radiographs. Additionally, there has not been any psychological evaluation prior to the requested surgical intervention. Based on the clinical information received, the request is noncertified. Since the primary procedure is not medically necessary, none of the associated services are medically necessary.