

<b>Case Number:</b>	CM13-0029401		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	09/30/2011
<b>Decision Date:</b>	03/28/2014	<b>UR Denial Date:</b>	08/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2013

### 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 Pennsylvania. 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 claimant is a 59 year old male with a reported injury date on 9/30/11. The claimant, according to the records, has a history of chronic low back pain and intermittent leg pain and has been diagnosed with lumbar degenerative disc disease and lumbar facet osteoarthritis. He has also been reported to have lumbar radiculopathy with left L5 nerve root compression. The report of an MRI of the lumbar spine performed on 7/5/13 showed multilevel degenerative disc disease with bulging at L3-4 and L4-5. The claimant was also reported to have a small disc extrusion producing flattening of the thecal sac at the origin of the L4 nerve root sleeve. The claimant was also reported to have a superimposed left paracentral disc protrusion at L4-5 causing mild posterior displacement of the left L5 nerve root. Neural foraminal stenosis at L3-4 was reported as mild to moderate and at L4-5 was reported to be moderate on the left. The claimant has been treated with medications and lumbar facet injections. It is not clear if he has received recent therapy but the records indicated chronic back pain since 1979 with therapy at some point in the past. Epidural steroid injections have also been performed and relieved 100 percent of pain in the back and left lower extremity for approximately three weeks. An L4 through S1 anterior and posterior decompression and fusion has been requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Laminectomy L4-5 and L5-S1 anterior/posterior decompression fusion and fixation, additional levels interbody fusion additional interspace allograft, allograft**

**structural, autograft local, posterior and anterior instrumentation with microscope 3-5day IP stay:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307, 310.

**Decision rationale:** The requested lumbar fusion cannot be recommended as medically necessary. The records do not indicate that the claimant has instability to warrant a fusion procedure. Specifically, there is no indication of instability on either the radiographs or prior lumbar spine MRI. The ACOEM 2004 Guidelines generally do not support fusion in the absence of fracture, dislocation, or spondylolisthesis. In this case, the claimant reportedly had 100 percent relief temporarily with an epidural injection. This would suggest that the claimant has symptomatic stenosis or radiculopathy. A lumbar decompression may potentially be warranted, but the rationale for the fusion is unclear based on the records reviewed. Accordingly, the requested two-level lumbar fusion cannot be supported by the information provided for review. Since the surgery cannot be supported there would be no need for an inpatient stay.

**Consultation with Vascular Surgeon [REDACTED]:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Merck Manual;Medical Clearance

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7 Independent Medical Examinations and Consultations, page 127

**Decision rationale:** The concomitant request for a vascular surgeon cannot be supported based on the lack of demonstrated medical necessity for the primary surgical procedure requested.

**Assistant Surgeon:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Milliman Care Guidelines 17th edition: assistant surgeon

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Milliman Care Guidelines 17th edition: assistant surgeon

**Decision rationale:** The concomitant request for an assistant surgeon cannot be supported based on the lack of demonstrated medical necessity for the primary surgical procedure requested.