

<b>Case Number:</b>	CM13-0032231		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	03/02/2012
<b>Decision Date:</b>	07/14/2014	<b>UR Denial Date:</b>	08/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2013

### 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. The expert 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 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/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 injured worker is a 36 year old male who had a work related injury on 03/02/12. At the time of the injury he was lifting a 300 lb. battery, which was a backup supply and it was in a confined space. He felt his back buckle, he fell to the floor with excruciating back pain that radiated into his buttocks. He was referred to [REDACTED] and he was evaluated, and had x-rays. He was initially given pain medication and treated with rest. He continued to follow up with the occupational care facilities at [REDACTED]. He had 2 separate courses of physical therapy at 2 different locations. He had a single lumbar epidural steroid injection which was not helpful for him. Medications were Nortriptyline, Robaxin, Motrin, and Percocet. Physical examination revealed mild antalgic gait to the right. There was restricted lumbar range of motion and increasing pain into his buttocks and legs with extension past neutral. He has 4/5 strength in the right extensor hallucis longus, peroneal, and posterior tib. AP lateral and oblique with flexion and extension views show evidence of intervertebral narrowing, most pronounced at the L5-S1 level. He has facet arthropathy on oblique views with obliteration of the inner facet joint space at L5-S1. Lumbar MRI dated 05/01/12 showed intervertebral disc desiccation at L4-5 and L5-S1. Broad based disc protrusion at L4-5 and L5-S1. The injured worker has had extensive conservative treatment with medications, physical therapy, a lumbar epidural steroid injection without any significant relief of symptoms. Request has been made for an L4 through S1 anterior/ posterior laminectomy with fusion, instrumentation, and a 3 day inpatient stay.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **L4-S1 ANTERIOR/POSTERIOR LAMINECTOMY WITH FUSION**

**INSTRUMENTATION:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306-307.

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

**Decision rationale:** The request for anterior/posterior fusion, with laminectomy at the L4-S1 level is not medically necessary. Physical examination showed mild antalgic gait to the right. Restricted lumbar range of motion and increasing pain into his buttocks and legs with extension past neutral. Even though the physical exam is positive for radiculopathy and mechanical low back pain, the clinical documents submitted for review do not have updated imaging, last MRI was in 2012. As such, the medical necessity for surgical intervention has not been established.

**3 DAY IN-PATIENT 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:** The request for 3 day inpatient stay is predicated on the initial surgical. As this has not been found to be medically necessary the subsequent request is not supported