

<b>Case Number:</b>	CM13-0032456		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	03/12/2012
<b>Decision Date:</b>	02/03/2014	<b>UR Denial Date:</b>	09/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2013

### 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 Physical Medicine and Rehabilitation 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 45 year old female who reported a work related injury on 03/12/2012 as the result of a fall. The patient is subsequently status post a C3 to C7 anterior cervical discectomy and fusion as of 10/19/2012 and presents for treatment of lumbar spine pain complaints. MRI of the lumbar spine dated 06/14/2013 signed by [REDACTED] revealed: (1) degenerative disc changes were present at L2-3, L4-5, and the L5-S1 levels; (2) minimal central stenosis was present at the L4-5 level secondary to disc bulge and degenerative facet changes with ligamentum flavum hypertrophy; (3) there was a right lateral L5-S1 disc protrusion about 3 mm to 4 mm. A dorsal annular tear was noted at this level where there is minimal S1 nerve impingement; (4) there was approximately 6 mm of retrolisthesis at the L5-S1 level. As a result, there was moderate to marked left foraminal stenosis with minor dorsal root ganglion impingement; (5) there is minimal scoliosis; and (6) right L5-S1 laminectomy defect is noted. A clinical note dated 09/09/2013 reports the patient was seen under the care of [REDACTED]. The provider documents the patient presents with significant pain condition and is noted to have a 2 to 3 week history of urinary incontinence. The patient reports tingling and dysesthesias around her perineal areas and the patient reports she can hardly weight bear on the right lower extremity due to significant weakness and pain. The patient is status post a C3 to C7 posterior laminectomy and decompression and fusion. The provider reports the patient has severe lumbar spine pain and radicular pain that is related to her work related injury and is a candidate for discectomy and instrumented arthrodesis at L4-5 and L5-S1. The provider documents the patient has a prior history of a microdiscectomy in 1999. The provider documents the patient utilizes Norco and Flexeril. Upon physical exam of the patient, the provider documents upper extremity testing is notable for left sided weakn

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **L4-L5 anterior discectomy and fusion:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** The current request is not supported. ACOEM, indicates, "There is no scientific evidence about the long-term effectiveness of any form of surgical decompression or fusion for degenerative lumbar spondylosis compared with natural history, placebo, or conservative treatment." The clinical documentation submitted for review reports the patient presented with significant cervical spine as well as lumbar spine pain complaints status post a work related injury sustained in 03/2012. The clinical notes specifically submitted for this review revealed that the patient had exhausted lower levels of conservative treatment for her cervical spine pain complaints; however, documentation of any recent active treatment modalities for the lumbar spine such as physical therapy, injection therapy, or other active treatment modalities were not evidenced specifically for the patient's lumbar spine injury. In addition, imaging study evidence of any instability at the L4-5 level was not noted. In regards to exhaustion of conservative treatment prior to the requested operative procedures, the clinical notes do not support this. Additionally, the clinical notes fail to evidence a psychological evaluation of the patient prior to the requested operative procedure to address any confounding issues that may impede postoperative recovery. Therefore, the request for L4-L5 anterior discectomy and fusion is not medically necessary or appropriate.

### **L4-L5 posterior laminectomy and fusion:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** The current request is not supported. ACOEM, indicates, "There is no scientific evidence about the long-term effectiveness of any form of surgical decompression or fusion for degenerative lumbar spondylosis compared with natural history, placebo, or conservative treatment." The clinical documentation submitted for review reports the patient presented with significant cervical spine as well as lumbar spine pain complaints status post a work related injury sustained in 03/2012. The clinical notes specifically submitted for this review revealed that the patient had exhausted lower levels of conservative treatment for her cervical spine pain complaints; however, documentation of any recent active treatment modalities for the lumbar spine such as physical therapy, injection therapy, or other active treatment modalities were not evidenced specifically for the patient's lumbar spine injury. In addition, imaging study evidence of any instability at either the L4-5 level was not noted. In regards to exhaustion of conservative treatment prior to the requested operative procedures, the

clinical notes do not support this. Additionally, the clinical notes fail to evidence a psychological evaluation of the patient prior to the requested operative procedure to address any confounding issues that may impede postoperative recovery. Therefore, the request for L4-L5 anterior discectomy and fusion is not medically necessary or appropriate. Since the primary procedure is not medically necessary, none of the associated services are medically necessary.