

<b>Case Number:</b>	CM13-0036128		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	09/25/1993
<b>Decision Date:</b>	02/03/2014	<b>UR Denial Date:</b>	09/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/18/2013

### 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 New Hampshire, New York and Washington. 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 66-year-old male with the date of injury is September 25, 1993. In July 2013 he presented with bowel and bladder incontinence. He complains of chronic pain in his back radiating to his left hip in his left leg. Physical examination reveals the patient is wheelchair-bound. He has complete left hemi-anesthesia. Patchy areas of sensory loss in the abdomen and right upper extremity. He has clonus at the ankles and Babinski's positive bilaterally. Hoffman sign is positive bilaterally. He's had cervical MRI set show very severe cervical spinal stenosis. There is atrophy and myelomalacia noted on the MRI of 1994. MRI thoracic spine shows impingement and small herniated discs at multiple thoracic levels. Myelogram CAT scan of the lumbar spine shows spinal stenosis at L1-2, L2-3, L3-4, L4-5 and L5-S1. There is grade 1 spondylolisthesis at L5-S1. Current diagnoses include cervical spondylitic myelopathy. The patient had previous cervical laminectomy surgery. Treatment to date includes medications, PT, and chiropractic care. Current diagnoses include cervical myelopathy, spinal cord atrophy with myelomalacia C4-C7, history of spondylolisthesis L5-S1, and chronic cervical myelopathy. Urinary incontinence and wheelchair-bound immobility secondary to chronic cervical myelopathy. At issue is whether lumbar laminectomy from L1-L3 with a fusion is medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar laminectomy at L1, L2, and L3 with posterior instrumented arthrodesis, 3-5 day inpatient LOS, pre-op clearance, labs, chest x-ray (CXR), electrocardiogram (EKG):**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), AMA, ACC/AHA.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Pain.

**Decision rationale:** This patient has not meet established criteria for lumbar decompressive surgery. Specifically the patient does not have a specific document of lumbar radiculopathy that corresponds to exact compression of the nerve root causing a radiculopathy on an imaging study. The patient has chronic cervical myelopathy for which he's had previous decompressive surgery and he still has residual symptoms. His symptomatology is most likely secondary to his spinal cord atrophy in the cervical spine. He does not demonstrate specific lumbar radiculopathy. There is no clinical indication for lumbar decompressive surgery and establish guidelines are not met. There is no clinical indication for lumbar fusion surgery. The patient does not have documented lumbar instability on any imaging study. In addition there are no red flag indicators for spinal fusion surgery such as concern for tumor fracture or progressive neurologic deficit that has not been previously explained. As mentioned this patient's neurologic issues are clearly related to his spinal cord atrophy and myelomalacia in his cervical spine. There is no indication for spinal fusion surgery in the lumbar spine. Guidelines are not met.

**External bone stimulator:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), AMA, ACC/AHA.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Pain.

**Decision rationale:** The Physician Reviewer's decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Thoracolumbosacral orthosis:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), AMA, ACC/AHA.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) and MTUS.

**Decision rationale:** Since the surgery is not medically necessary, then a barrel other associated requested items are not needed. Additionally, established ODG and MTUS guidelines do not recommend lumbar orthosis for the treatment of chronic degenerative back pain.

**Post-op inpatient acute rehabilitation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), AMA, ACC/AHA.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Pain.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.