

<b>Case Number:</b>	CM13-0045566		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	08/29/2011
<b>Decision Date:</b>	03/12/2014	<b>UR Denial Date:</b>	09/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2013

### 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 Texas and 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 51-year-old female who reported an injury on 08/29/2011 after a fall from a ladder that reportedly caused injury to the thoracic and lumbosacral spine. The patient had been conservatively managed with physical therapy, medications, and injection therapy. The patient's treatment history included 2 laminectomy/discectomy procedures that did not provide significant pain relief. The patient underwent an MRI that concluded there was diffuse disc bulging and granulation of tissue effacing multilevel nerve roots. The patient's most recent clinical examination findings included tenderness to palpation throughout the lumbosacral region on the right side, 4/5 strength of the right anterior tibialis and right EHL muscle, and diminished sensation in the right L5 dermatome. The patient's diagnoses include persistent right L5-S1 radiculopathy and L5-S1 disc degeneration. The patient's treatment plan included a facetectomy at the L5-S1 level on the right side with posterior fixation and fusion and an L5-S1 anterior lumbar discectomy and interbody fusion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Stage one surgery of the lumbar spine: a full facetectomy at the L5-S1 level on the right side and a posterior fixation and fusion at the L5-S1 with a three day hospital stay:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG

**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, Fusion (spinal) and Hospital Length of Stay

**Decision rationale:** The requested decision for stage one surgery of the lumbar spine: a full facetectomy at the L5-S1 level on the right side and a posterior fixation and fusion at the L5-S1 with a three (3) day hospital stay is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends fusion surgery for patients who have traumatic injuries or evidence of degenerative spondylolisthesis. The clinical documentation submitted for review does not provide any evidence that the patient has had any spinal trauma. The submitted imaging study does not provide any evidence of severe spondylolisthesis. Additionally, American College of Occupational and Environmental Medicine recommends surgical intervention for patients who have severe activity limitations. The clinical documentation submitted for review does not provide any evidence of severe activity limitations that would require this type of surgery. The Official Disability Guidelines recommend a psychological evaluation be performed on all patients prior to spinal fusion surgery. The clinical documentation submitted for review does not provide any evidence that the patient has undergone a psychological evaluation to date. Therefore, fusion surgery would not be supported at this time. The Official Disability Guidelines do recommend a 3 day inpatient stay for patients who have undergone fusion surgery. However, as the documentation does not support the requested surgery, an inpatient stay would also not be supported. As such, the requested stage one surgery of the Lumbar spine: a full facetectomy at the L5-S1 level on the right side and a posterior fixation and fusion at the L5-S1 with a three (3) day hospital stay is not medically necessary or appropriate.