

<b>Case Number:</b>	CM13-0045609		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	08/29/2011
<b>Decision Date:</b>	03/18/2014	<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 Neurology, has a subspecialty in Neuromuscular Medicine 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:

██████████ is a 51 year old woman who sustained a work-related injury on August 29, 2011. She subsequently developed a chronic back pain and was diagnosed with thoracic and lumbosacral radiculopathy. She was treated with conservative therapies, pain medications and injections. She also underwent 2 laminectomy procedures without improvement. Her last surgery was done on May 8, 2013 with a revision of the right L5 laminectomy without improvement. Her MRI of the lumbar spine without contrast performed on July 26, 2013 showed diffuse disc bulging. Her provider requested authorization for vertebral corpectomy (vertebral body resection), partial or complete, trans peritoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, limb.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vertebral corpectomy (vertebral body resection), partial or complete, trans peritoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, limb:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

**Decision rationale:** According to MTUS guidelines, surgical intervention in the lower back is indicated if: Therefore, referral for surgical consultation is indicated for patients who have: - Severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise - Activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms - Clear clinical, imaging, and electrophysiological evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair - Failure of conservative treatment to resolve disabling radicular symptoms. Furthermore and according to MTUS guidelines, 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. There is no good evidence from controlled trials that spinal fusion alone is effective for treating any type of acute low back problem, in the absence of spinal fracture, dislocation, or spondylolisthesis if there is instability and motion in the segment operated on. There is no documentation that the patient is suffering dislocation, segmental instability, fracture or spondylolisthesis. In addition the possibility of a scar was not excluded by an MRI with contrast. Therefore, vertebral corpectomy (vertebral body resection), partial or complete, trans peritoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, limb is not medically necessary.