

<b>Case Number:</b>	CM13-0050739		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	02/14/2012
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	07/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/18/2013

### 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, has a subspecialty in Spinal 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 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 patient is a 44-year-old who reported an injury on February 14, 2012. The mechanism of injury was not stated. The patient is currently diagnosed with cervical spondylosis with radicular pain in the left upper extremity, bilateral severe carpal tunnel syndrome, and multilevel degenerative disc disease at L2 through L5 with facet hypertrophy and lateral recess/foraminal stenosis. The patient was seen by [REDACTED] on May 22, 2013. It is noted that the patient had completed epidural injections as well as facet injections. The patient reported constant, moderate to moderately severe pain in the lumbosacral spine with radiation to bilateral lower extremities. Physical examination on that date revealed dorsiflexor weakness when attempting to stand, spinous process tenderness from L3 to the sacrum, moderate to moderately severe paraspinal muscle guarding with tenderness, moderate left sciatic notch tenderness, limited range of motion, hypoesthesia of the dorsum of the left foot, hypoesthesia of the lateral aspects of the left leg, and positive straight leg raising on the left. Treatment recommendations at that time included a decompression, laminectomy, and discectomy of L2-3, L3-4, and L4-5 with posterolateral fusion, bone graft, pedicle screw fixation, and posterolateral fusion with implants. It was noted that the most recent lumbar spine MRI submitted for review is documented on March 15, 2013, which revealed multilevel facet hypertrophy, 5 mm midline disc protrusion at L2-3, and bilateral neural foraminal stenosis at L2-3, L3-4, and L4-5. The only electrodiagnostic report provided for this review is documented on 06/05/2012, and indicates no evidence of radiculopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A POSTERIOR LUMBAR INTERBODY FUSION AT L2-L5 WITH BONE GRAFT, PEDICLE SCREW FIXATION AND IMPLANTS:** Upheld

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

**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, Decompression, Fusion (spinal).

**Decision rationale:** The Low Back Complaints Chapter of the ACOEM Practice Guidelines state surgical consultation is indicated for patients who have severe and disabling lower extremity symptoms, activity limitation for more than one month, extreme progression of lower extremity symptoms, clear clinical, imaging, and electrophysiologic evidence of a lesion, and a failure of conservative treatment. Official Disability Guidelines state for chronic low back problems, fusions should not be considered within the first six months of symptoms. Indications include an exhaustion of conservative treatment, x-rays demonstrating spinal instability, MRI demonstrating disc pathology correlated with symptoms and exam findings, spine pathology limited to two levels, and psychosocial screening. As per the documentation submitted, the patient's physical examination does reveal decreased sensation, decreased range of motion, weakness, diminished deep tendon reflexes, and positive straight leg raising. However, the updated EMG/NCV (Electromyography/Nerve Conduction Velocity) study was not provided for review. There is also no evidence of documented instability on flexion and extension view radiographs. Additionally, there has not been a psychological evaluation prior to the request for a surgical intervention. Based on the aforementioned points, the request cannot be determined as medically appropriate. The request for a posterior lumbar interbody fusion at L2-L5 with bone graft, pedicle screw fixation, and implants, is not medically necessary or appropriate.

**A THREE-DAY INPATIENT HOSPITAL 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:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary or appropriate.