

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM13-0052057 |                              |            |
| <b>Date Assigned:</b> | 12/27/2013   | <b>Date of Injury:</b>       | 06/25/2012 |
| <b>Decision Date:</b> | 03/13/2014   | <b>UR Denial Date:</b>       | 11/05/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/15/2013 |

### 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 Spinal Surgery, and is licensed to practice in New York. 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.

### 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 57-year-old who sustained an injury on June 25, 2012. He has chronic low back pain. He has had L4-5 fusion surgery in 2002 at L3-4 fusion surgery in 2008. The patient continues to have back pain. In June 2012 he sustained another injury to his spine. Lumbar MRI from August 2012 reveals L2-3 mild disc bulge and L4-5 mild lateral recess stenosis with facet arthropathy. The MRI imaging report is not demonstrate any evidence of severe or significant stenosis. The lumbar fusion is intact. There is no significant interval change when compared to the MRI from February 2012. Physical examination from September 2012 reveals the patient is neurologically intact in the bilateral lower extremities. X-rays from May 2013 reveal lumbar left lateral fusion at L3-4 an interbody plug at L3-4. The patient is status post fusion from L4-5 with bilateral go rods and screws and intravertebral cage. There is grade 1 retrolisthesis at L2-3, facet changes from L3-4 through L5-S1 noted. No significant is changes noted from previous examination radiographically. According to evaluation dated May 29, 2013 the patient is status post L3-L5 posterior spinal fusion with fixation that is successfully healed. There is a question of a new disc herniation at L5-S1 level. At issue is whether additional fusion surgery is medically necessary at this time. At issue is whether revision posterior laminectomy and fusion at L4-5 anterior lumbar is medically necessary at this time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Inpatient revision posterior laminectomy and fusion L5-S1, anterior lumbar:** 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): 307.

**Decision rationale:** This patient has not meet established criteria for surgery at the L5-S1 level. Criteria for fusion surgery at L5-S1 are not met. Specifically, there is no instability stability L5-S1, there is no evidence of significant spinal stenosis at L5-S1, and there is no evidence of severe neurologic compression L5-S1. In addition, the medical records are not documented any evidence of failure of fusion, hardware loosening, or fracture, or concerns were to. Since the patient does not have documented neurologic deficit, and since imaging studies do not demonstrate any evidence of instability or significant nerve root compression or failure of fusion, criteria for L5-S1 anterior and posterior surgery are not met. The request for inpatient revision posterior laminectomy and fusion L5-S1, anterior lumbar, is not medically necessary or appropriate.