

<b>Case Number:</b>	CM13-0053835		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	03/30/2011
<b>Decision Date:</b>	04/25/2014	<b>UR Denial Date:</b>	10/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2013

### 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 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 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 59-year-old male with chronic low back pain and right leg pain with weakness of the right foot. The physical examination revealed weakness involving the tibialis anterior, gastrocnemius and EHL muscle groups and there is decreased sensation of the dorsum of the right foot. The lumbar spine myelogram from April 2013 revealed right-sided disc protrusion at L1 to causing mild canal and moderate right-sided foraminal stenosis. The MRI from June 2011 show multiple levels of disc degeneration with foraminal stenosis present at L4-5 and L2-3. The electrodiagnostic studies revealed evidence of right L5 radiculopathy with chronic denervation. The current diagnoses include foraminal stenosis and spondylosis at L3-4 L4-5 and L5-S1. Treatment to date includes physical therapy, medications, 2 epidural steroid injections, activity modifications and trigger point injections. At issue is whether multiple level lumbar foraminotomy and lumbar fusion is medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L3-S1 BILATERAL FORAMINOTOMY, VS L3-S1 ANTERIOR INTERBODY FUSION, POSTERIOR FUSION AND DECOMPRESSION WITH PEDICLE SCREWS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES, LUMBAR SURGICAL CONSULTATION/ INTERVENTION, SPINAL FUSION,

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Chou R, Baisden J, Carragee EJ, Resnick DK, Shaffer WO, Loeser JD. Spine (Phila Pa 1976). 2009 May 1;34(10):1094-109. doi: 10.1097/BRS.0b013e3181a105fc. Review.

**Decision rationale:** This patient does not meet established criteria for three-level lumbar fusion surgery and for three-level lumbar decompressive surgery. Specifically, there is no documented lumbar instability, fracture, or concern for tumor. The patient has no red flag indicators for spinal surgery such as progressive neurologic deficit. Lumbar fusion surgery at 3 lumbar levels is not medically necessary and criteria for the surgery are not met. Also, the patient does not meet established criteria for three-level lumbar decompressive surgery. Specifically, the most recent lumbar myelogram does not show significant neurologic compression that is correlated with physical exam findings of specific radiculopathy. The patient does not have progressive neurologic deficit. Since there is no correlation between the patient's most recent lumbar myelogram and the patient's physical examination shows specific radiculopathy, multiple level lumbar decompressive surgeries is not medically necessary. In addition neurophysiologic testing only shows chronic denervation in one lumbar nerve root. The most recent lumbar myelogram does not demonstrate significant compression of the L5 nerve root and multiple levels lumbar decompression surgery is not medically needed in this patient.

**3 DAY INPATIENT 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.

**ASSISTANT SURGEON:** 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.

**PRE-OP MEDICAL CLEARANCE WITH INTERNAL MEDICINE:** 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.

**PRE-OP EMG FOR BILATERAL LOWER EXTREMITIES:** 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.

**PRE-OP NCV FOR BILATERAL LOWER EXTREMITIES:** 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.

**POST-OP LUMBAR BRACE:** 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.