

<b>Case Number:</b>	CM13-0061633		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	05/10/2000
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	11/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2013

### 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 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 injured worker is a 35 year-old male who was reportedly injured on 5/10/2000. The mechanism of injury is noted as a low back injury that occurred while working on a car engine. The injured worker underwent a micro-discectomy in 2001, lumbar fusion L4-S1 in 2003, anterior/posterior fusion at L5-S1 due to pseudo-arthrosis in 2004, and a laminectomy/discectomy at L3-L4 in 2011. He then underwent a laminectomy/discectomy at L3-L4 on 4/1/2014 and subsequently developed a wound infection. The preoperative progress notes dated 3/17/2014 and 3/31/2014 indicate that there are ongoing complaints of low back pain with radiation to the right lower extremity. A physical examination demonstrated normal lumbar spine range of motion, motor strength 5/5, sensation intact to light touch in lower extremities, Patellar/Achilles Reflexes 2 bilaterally, negative straight leg raise, and a normal gait without limp or weakness. A magnetic resonance image of the lumbar spine dated September 2013 revealed bilateral mild to moderate foraminal stenosis and moderate canal stenosis at L3-L4 with facet arthropathy, advanced degenerative disk disease, disk space collapse and vacuum phenomena. The injured worker's diagnosis is the following: lumbar degenerative disk disease and canal stenosis at L3-L4. The previous treatments include physical therapy, multiple lumbar spine surgeries and medications to include Fentanyl Patch, Diazepam, Norco, Ultram, Cymbalta, Gabapentin and Flexeril. A request was made for L3-L4 Laminectomy; Instrumented Spinal Fusion utilizing a lateral/posterior approach and was not medically necessary in the utilization review on 11/13/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

### **L3-4 LAMINECTOMY: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 12 Low Back Complaints.

**Decision rationale:** The American College of Occupational and Environmental Medicine (ACOEM) practice guidelines, support a lumbar laminectomy/discectomy for the treatment of sub-acute and chronic radiculopathy due to ongoing nerve root compression in patients that continue to have significant pain and functional limitations after 6 weeks of conservative treatments. A review of the available medical records, documents a diagnosis of chronic lumbar radiculopathy with failure of conservative treatment. As such, this request is considered medically necessary.

### **INSTRUMENTED SPINAL FUSION INSTRUMENTATION UTILIZING A LATERAL/POSTERIOR APPROACH: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**Decision rationale:** The American College of Occupational and Environmental Medicine Practice Guidelines (ACOEM) do not support a spinal fusion in the absence of fracture, dislocation, spondylolisthesis, instability or evidence of tumor/infection. Review of the available medical records document a diagnosis of lumbar radiculopathy, but fail to demonstrate any of the criteria for a lumbar fusion. Furthermore, there are no flexion/extension plain radiographs of the lumbar spine demonstrating instability. Given the lack of documentation, this request is not considered medically necessary.