

<b>Case Number:</b>	CM14-0003004		
<b>Date Assigned:</b>	01/29/2014	<b>Date of Injury:</b>	06/29/2011
<b>Decision Date:</b>	06/27/2014	<b>UR Denial Date:</b>	12/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2014

### 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 Fellowship trained in Spine 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 48-year-old male who reported an injury on 06/29/2011. He bent over to pick up a screwdriver which reportedly caused an acute onset of low back pain. The injured worker's treatment history included physical therapy, epidural steroid injections, medications, and cognitive behavioral therapy. The injured worker underwent an MRI on 01/19/2014 that documented there was a 2 to 3 mm disc bulge causing mild canal stenosis at the L3-4, a 2 to 3 mm bulge causing bilateral neural foraminal narrowing at the L3-4, and a 1 to 2 mm disc bulge at the L5-S1 without evidence of neural foraminal narrowing. The injured worker was evaluated on 12/05/2013. It was noted that the patient complained of low back pain rated at 7/10 exacerbated by prolonged activities. Physical findings included restricted range of motion of the lumbar spine with a positive straight leg raising test bilaterally and decreased sensation over the L5 and S1 nerve root distribution bilaterally. The injured worker's diagnoses included herniated disc of the lumbar spine with radicular symptoms. A request was made for posterior decompression at the L3-4 and L4-5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **LUMBAR DECOMPRESSION AND FUSION, L3-L5: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES, CHAPTER 12- SURGICAL CONSIDERATIONS,

**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, Fusion (spinal)

**Decision rationale:** The requested lumbar decompression and fusion at the L3-5 is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine do not recommend multilevel fusion surgery in the absence of significant instability. The clinical documentation submitted for review does not provide any evidence that the patient has any significant instability or is at risk for instability intraoperatively due to decompression. Additionally, the American College of Occupational and Environmental Medicine recommends surgical intervention when there are radicular symptoms upon physical examination supported by an imaging study that have failed to respond to conservative treatments. The clinical documentation does indicate that the injured worker had radicular symptoms in the L5-S1 distribution. However, there are no physical exam findings to support that the patient has significant radicular symptoms in the L3-4 and L4-5 dermatomal distributions. Also, Official Disability Guidelines recommend psychological clearance for this type of surgery. As the injured worker is participating in cognitive behavioral therapy, a psychological assessment to support that the injured worker is an appropriate candidate for a multilevel fusion would be supported by guideline recommendations. As such, the requested lumbar decompression and fusion at the L3-5 is not medically necessary or appropriate.

**INPATIENT HOSPITAL STAY X 3 DAYS:** 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:** As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.