

<b>Case Number:</b>	CM14-0007220		
<b>Date Assigned:</b>	02/12/2014	<b>Date of Injury:</b>	04/08/2010
<b>Decision Date:</b>	07/02/2014	<b>UR Denial Date:</b>	01/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/20/2014

### 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, and is licensed to practice in Texas. 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 33 year old male who reportedly was injured on 04/08/2010. The mechanism of injury is not described, but the injured worker is noted to complain of low back pain radiating to the right lower extremity. He is status post L3-4, L4-5 and L5-S1 lumbar laminectomy on 03/13/13, followed by post-operative physical therapy. The records document that the injured worker's right leg pain and weakness were resolved following surgery, but he continued with axial low back pain. The injured worker was recommended to undergo lumbar spine facet injections at right L3-4, L4-5 and L5-S1. A utilization review on 11/20/13 recommended modified approval for facet injections on the right at the L4-5 and L5-S1 levels. A subsequent utilization review dated 01/03/14 determined that a request for anterior/posterior arthrodesis at L3-4, L4-5 did not meet established standards for medically necessary based on the clinical information provided. The physician advisor noted that the most recent exam notes by [REDACTED] dated 12/20/13 indicated that the injured worker had a right L4-5 and L5-S1 facet injection on 12/11/13 and the injured worker reported 100% pain relief for 3 days. Procedure notes dated 12/11/13 by [REDACTED] indicate that the injured worker's pre-procedure pain score was 8-9/10 and post-procedure was 4/10, but his pain has returned and is worse than prior to injection. Physical examination on 12/20/13 showed standing range of motion is 10-20 degrees; seated straight leg raise on the right is 90, on the left 60; heel and toe walking and heel to toe raising were normal, but severe back pain. sensory exam was normal and strength was 5/5. Reference is made to MRI findings of 09/25/13, but no radiology report was submitted. The physician advisor noted that the injured worker has 3-level degenerative disc disease and it is unclear as to why only the L3-4 and L4-5 levels are selected for fusion. Also, the injured worker had a recent successful facet injection with significant pain relief, and it is unclear why this result is not being further pursued with consideration for facet rhizotomies at the involved levels.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

### **ANTERIOR/POSTERIOR ARTHRODESIS AT THE LEVELS OF L3-L4, L4-L5:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-308.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-308.

**Decision rationale:** The records submitted for this review do not support a determination of medically necessary for anterior/posterior arthrodesis at L3-4, L4-5. No diagnostic/imaging studies were submitted for review including MRI of the lumbar spine dated 09/25/13. The most recent progress notes provided for this review is by [REDACTED] and is dated 11/07/13. The progress notes from [REDACTED] dated 12/20/13 was not submitted, nor was the procedure report of facet injections performed 12/11/13. Without additional clinical data and insight, medical necessity cannot be established for the requested 2-level lumbar arthrodesis.