

<b>Case Number:</b>	CM14-0100474		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	05/12/2011
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	06/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2014

### 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 Occupational Medicine 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 49-year-old female who reported an injury on 05/12/2011 after moving a file cabinet. The injured worker reportedly sustained an injury to her low back. The injured worker's treatment history included bilateral hemilaminectomies, medial facetectomies and foraminotomies at the L4-5 in 05/2013 followed by physical therapy. The injured worker underwent an MRI of the lumbar spine dated 08/09/2013. It was documented that the injured worker was status post lumbar spine surgery with bilateral laminectomy defects at the L4-5 and mild disc desiccation and a broad-based disc bulge at the L2-3 with no evidence of nerve root compression and a disc bulge at the L3-4 with narrowing of the right L4 neural foramen. It was also noted that there was a disc bulge at the L4-5 and L5-S1 with no evidence of nerve root compression. The injured worker was evaluated on 04/25/2014 and it was documented that the injured worker had ongoing low back pain complaints following surgical intervention. Physical findings included restricted range of motion secondary to pain with normal motor strength, decreased sensation to light touch over the left posterior thigh and calf and lateral aspect of the left foot. It was noted that the injured worker had undergone x-rays of the lumbar spine that documented a grade II spondylolisthesis at the L4-5 with motion on flexion and extension. The injured worker's treatment plan included an anterior posterior fusion and decompression at the L4 through the S1. A request for authorization form was submitted on 05/30/2014 to support the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar anterior/posterior fusion with decompression L4-5 and L5-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Indications for Surgery

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 310.

**Decision rationale:** The clinical documentation submitted for review does indicate that the injured worker has ongoing pain complaints with radicular findings to include decreased sensation to light touch over the left posterior thigh, calf, and lateral aspect of the left foot. It was noted that the injured worker had undergone an MRI that identified disc bulging that would benefit from decompression at the L4-5 and L5-S1 levels. It is documented that the injured worker has a grade 2 spondylolisthesis at the L4-5 with motion on flexion and extension. The American College of Occupational and Environmental Medicine does recommend decompression and fusion surgery for patients who have evidence of instability. The clinical documentation does support that the injured worker has instability at the L4-5 level. Therefore, decompression and fusion would be supported at the L4-5 level. However, the clinical documentation indicates that although the injured worker does have a disc bulge at the L5-S1 level, there was no evidence of nerve root compression. Therefore, decompression surgery and fusion would not be supported at the L5-S1 level. Furthermore, the American College of Occupational and Environmental Medicine recommends surgical intervention for the spine be supported by a psychiatric assessment. The clinical documentation failed to provide any evidence that the patient has undergone a psychiatric assessment to determine the appropriateness of surgery to the spine. As such, the requested Lumbar anterior/posterior fusion with decompression at L4-5 and L5-S1 is not medically necessary or appropriate.

**5 day inpatient hospital 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.