

<b>Case Number:</b>	CM14-0106112		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	12/10/2007
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	07/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2014

### 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 Spine Surgeon, 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 59-year-old female who reported injury on 12/10/2007. The injured worker had a lumbar laminectomy in 1983. Other treatments included physical therapy. The injured worker underwent an MRI of the lumbar spine without contrast on 12/10/2012 which revealed at the level of L3-4 there was mild broad bulge with moderate facet arthropathy, and ligamentum flavum thickening. There was mild central stenosis. There were broad foraminal bulges right more than left without foraminal stenosis. At the level of L4-5 there was a shallow central to left subarticular protrusion and annular tear, and severe facet arthropathy. There was moderate central stenosis, severe lateral recess stenosis, left more than right, And broad foraminal bulges, left more than right with mild left foraminal stenosis. The documentation of 01/14/2014 revealed the injured worker now wanted to proceed with surgical intervention. The injured worker was noted to have spondylolisthesis at L4-5 and evidence of moderate stenosis at L3-4. The treatment included a laminectomy and fusion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**2 Level Laminectomy, posterior interbody fusions with cages, posterior fusion with rods, screws, and local allograft (L3-4, L4-5): 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): 307-309.

**Decision rationale:** The ACOEM guidelines indicate a surgical consultation may be appropriate for injured worker's who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging preferably with accompanying objective signs of neurocompromise, activity limitations due to radiating leg pain for more than 1 month or the extreme progression of lower leg symptoms. There should be documentation of clear clinical, imaging and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. There should be documentation of a failure of conservative treatment to resolve disabling radicular symptoms. The clinical documentation submitted for review indicated the injured worker had positive findings on MRI. Additionally, ACOEM guidelines indicate there is no good evidence from controlled trials that spinal fusion alone is effective for the treatment of any type of acute low back pain in the absence of spinal fracture, dislocation or spondylolisthesis if there instability and motion in the segment operated on. The clinical documentation submitted for review indicated the injured worker had spondylolisthesis at the level of L4-5 per MRI. However there was no spondylolisthesis at the level of L3-4. There was lack of documentation of extension and flexion studies for the lumbar spine. However there was no documentation of a physical examination to indicate the injured worker had clear clinical evidence of a lesion. Given the above, the request for 2 Level laminectomy, posterior interbody fusions with cages, posterior fusion with rods, screws, and local allograft (L3-4, L4-5) is not medically necessary