

<b>Case Number:</b>	CM14-0011005		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	10/15/2009
<b>Decision Date:</b>	06/25/2014	<b>UR Denial Date:</b>	01/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2014

### 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 Neurological 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 50-year-old male who was injured on October 15, 2009. On February 2014, the injured is documented as presenting with complaints of low back pain rated as 7/10 and described as burning, constant, stabbing, throbbing, spasming, shooting, and tender. Lumbar range of motion is documented as worsening pain. The pain is documented as radiating down both lower extremities. The sensory exam documents diminished sensation in the S1-L5 dermatome bilaterally. Lumbar examination reveals a positive pubic thrust, pain with Valsalva, positive FABER (Flexion, Abduction and External Rotation), tenderness to palpation over the facets from L4-S1 and a positive straight leg raise test on the left. An MRI is documented as having been obtained of the lumbar spine on January 17, 2013. This imaging study demonstrated degenerative changes at sacroiliac joints diminished signal within the disc from L3-S1 with disc desiccation and degeneration. A previous computed tomography (CT) scan is documented as showing postoperative changes with retrolisthesis of L5 on S1 and spondylolisthesis with moderately severe central canal stenosis, with moderate displacement at L4-5. The utilization review in question was rendered on January 9, 2014. The reviewer noncertified the requested operative intervention, which consisted of a bilateral laminectomy and facetectomy, foraminotomy for nerve root decompression at L3-L4 combined with posterior interbody fusion with implantation fusion cages and posterior fixation with interspinous fixation device and posterolateral fusion with a three day hospital stay.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BILATERAL LAMINECTOMY AND FACETECTOMY FORAMINOTOMY FOR NERVE ROOT DECOMPRESSION AT L3-4 AND L4-5, COMBINED WITH POSTERIOR INTERBODY FUSION WITH IMPLANTATION OF FUSION CAGES AND POSTERIOR FIXATION WITH INTERSPINOUS FIXATION DEVICE AND POSTEROLATERAL FUSION:** Overturned

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

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

**Decision rationale:** that has not been amenable to conservative care. The ACOEM supports the use of operative intervention including laminectomy/discectomy for treatment of these conditions. In the setting where laminectomy/discectomy causes instability, spinal fusion is recommended. This can also be seen in the setting of degenerative spondylolisthesis which is also documented as being present. As such, the request is medically necessary.

**THREE (3) DAY INPATIENT STAY:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES; (ODG) LOW BACK

**Decision rationale:** The Official Disability Guidelines (ODG) notes, that in the setting of posterior lumbar fusion, a three day hospital stay is recommended, as a best practice target, when there are no complications. As such, the request is medically necessary.