

<b>Case Number:</b>	CM14-0013956		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	02/01/2012
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	01/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/04/2014

### 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 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 3 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 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 40-year-old male who reported an injury on 02/01/2012 due to cumulative trauma while performing normal job duties. The worker reportedly sustained an injury to his low back. The injured worker's treatment history included medications, Physical Therapy, Activity Modifications, Medial Branch Blocks, and Epidural Steroid Injections. The injured worker underwent a lumbar myelogram on 03/24/2013 that concluded there was no evidence of fracture, dislocation or subluxation at any level of the lumbar spine. There was indication of multilevel loss of intervertebral disc height and a grade 1 posterior listhesis of the L5-S1 and a disc bulge at the L5-S1 that was abutting the thecal sac and causing mild bilateral lateral spinal and neural foraminal stenosis. There was a disc bulge at the L4-5 and L3-4, and L2-3 causing mild to moderate spinal and neural foraminal stenosis. There was no evidence of disc protrusion or compromise of the thecal sac or neural foramina at the L1-2. The injured worker underwent an electrodiagnostic study on 07/08/2013 that concluded the injured worker had chronic L3-4 radiculopathy. The injured worker was evaluated on 01/07/2014. It was documented that the injured worker had persistent low back pain complaints. Physical findings of the lumbar spine included a positive straight leg raising test bilaterally with a positive tenderness to the sciatic notch and decreased sensation in the L4 dermatomal distribution. The injured worker's diagnoses included disc herniation at the L3-4, spinal stenosis, and radiculopathy. The injured worker's treatment plan included lumbar fusion. It is noted that extensive decompression is needed at the L3-4 and would cause instability requiring fusion and stabilization. It was noted that the patient had been weaned off all narcotic pain medications, and narcotic pain medications would not be provided unless after surgery and then only for a short period of time. No Request for Authorization form was provided to support the request.

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

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

### **L3-L4 POSTERIOR LUMBAR DECOMPRESSION AND FUSION INSTRUMENTATION ILIAC CREST BONE GRAFT: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307.

**Decision rationale:** The requested L3-4 Posterior Lumbar Decompression and Fusion Instrumentation Iliac Crest Bone Graft is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends lumbar fusion when there is evidence of instability that has failed to respond to conservative treatments. The clinical documentation submitted for review does not indicate that the patient has instability at the current time. However, due to persistent pain complaints recalcitrant to conservative treatment, decompression surgery of the 2.5 mm broad base disc bulge at the L3-4 would warrant surgical intervention. The clinical documentation submitted for review does not provide any evidence that the injured worker has undergone any previous decompression surgery at that level. Therefore, instability would have to be determined during the surgical procedure. Furthermore, the American College of Occupational and Environmental Medicine recommends a psychological assessment prior to spinal surgery. The clinical documentation did not provide any evidence that the injured worker had undergone a psychological evaluation to assess the appropriateness of spine surgery. As such, the requested L3-4 posterior lumbar decompression and fusion instrumentation iliac crest bone graft is not medically necessary.