

<b>Case Number:</b>	CM14-0017903		
<b>Date Assigned:</b>	04/21/2014	<b>Date of Injury:</b>	11/27/2006
<b>Decision Date:</b>	06/03/2014	<b>UR Denial Date:</b>	02/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2014

### 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, has a subspecialty in Spinal 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:

Claimant with industrial injury 11/27/06. Status post T11-L3 posterior fusion with hardware for L1 fracture. Report from 1/21/14 demonstrates report over last two years of increasing and severe low back pain with right sided flank pain and radicular symptoms. Exam note from 12/17/13 demonstrates physical examination with evidence of pain and spasm in the lumbar spine. Pain with range of motion with forward bending and some numbness in the L5 distribution on the right side. Motor strength reported to be 4+/5 bilaterally. Paraspinal muscle spasm at the thoracolumbar junction. Radiographs demonstrates solid fusion from T11 to L3. Report of severe disc degeneration at L3-S1. MRI 1/13/14 demonstrates L3-S1 disc degeneration without severe central canal or foraminal narrowing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **LUMBAR LAMINECTOMY AND FUSION FROM L3-4: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Indications for Surgery-Discectomy, ODG Spine Chapter, Spinal Fusion, as well as AANS/NASS Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307-308.

**Decision rationale:** In this case the claimant does not meet criteria for lumbar fusion at L3/4. There is no evidence of instability in the radiographs or MRI from 1/13/14 to meet fusion criteria. The claimant has lumbar multilevel disc degeneration which the ACOEM guidelines cited has not been shown to be more effective compared with natural history, placebo or conservative treatment. Therefore the determination is that the Lumbar Laminectomy and fusion from L3-4 is not medically necessary.

**ASSISTANT SURGEON:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Indications for Surgery-Discectomy, ODG Spine Chapter, Spinal Fusion, as well as AANS/NASS Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the surgical procedure is non-certified as not medically necessary then the decision for assistant surgeon is not medical necessary.

**PREOPERATIVE MEDICAL CLEARANCE:** 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:** As the surgical procedure is non-certified as not medically necessary then the decision for preoperative medical clearance is not medical necessary.

**BACK BRACE:** 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:** As the surgical procedure is non-certified as not medically necessary then the decision for a back brace is not medical necessary.

**LUMBAR LAMINECTOMY AND FUSION AT L4-5:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Indications for Surgery-Discectomy, ODG Spine Chapter, Spinal Fusion, as well as AANS/NASS Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307-308.

**Decision rationale:** In this case the claimant does not meet criteria for lumbar fusion at L4/5. There is no evidence of instability in the radiographs or MRI from 1/13/14 to meet fusion criteria. The claimant has lumbar multilevel disc degeneration which the ACOEM guidelines cited has not been shown to be more effective compared with natural history, placebo or conservative treatment. Therefore the determination is that the Lumbar Laminectomy and Fusion at L4-5 is not medically necessary.

**LUMBAR LAMINECTOMY AND FUSION AT L5-S1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Spine Chapter, Spinal Fusion, as well as AANS/NASS Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307-308.

**Decision rationale:** In this case the claimant does not meet criteria for lumbar fusion at L5/S1. There is no evidence of instability in the radiographs or MRI from 1/13/14 to meet fusion criteria. The claimant has lumbar multilevel disc degeneration which the ACOEM guidelines cited has not been shown to be more effective compared with natural history, placebo or conservative treatment. Therefore the determination is that the Lumbar Laminectomy and Fusion at L5-S1 is not medically necessary.