

<b>Case Number:</b>	CM14-0110632		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	11/07/2011
<b>Decision Date:</b>	09/03/2014	<b>UR Denial Date:</b>	07/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2014

### 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 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 11/07/2011. The mechanism of injury was not provided for review. The injured worker reportedly sustained an injury to her cervical spine, right shoulder, and low back. The injured worker underwent cervical spine surgery that did provide pain relief. The injured worker's treatment history for the low back included activity modifications, medications, physical therapy, and epidural steroid injections. The injured worker was evaluated on 06/16/2014. It was noted that after over a year of conservative treatment that the injured worker continued to have significant symptomology that would benefit from surgical intervention. Physical findings included restricted range of motion of the cervical spine in all planes with tenderness to palpation of the right acromioclavicular joint. It was noted that the injured worker underwent an MRI of the lumbar spine. The imaging report identified moderate degenerative signal loss at the L4-5 and L5-S1, disc protrusions at the L3-4 and L4-5 indenting on the thecal sac, and a disc bulge at the L5-S1 without contact with the exiting S1 nerve root or thecal sac. It was noted that the injured worker had mild facet arthropathy at the L5-S1. The injured worker's diagnoses included musculoligamentous sprain/strain of the lumbar spine, lumbar spondylosis at the L4-5 and L5-S1, musculoligamentous sprain/strain of the cervical spine, and shoulder sprain/strain with acromioclavicular joint arthrosis and subacromial bursitis. A request was made for anterior lumbar fusion at the L4-5 and L5-S1 in addition to several postsurgical treatment requests.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Anterior lumbar retroperitoneal exposure with decompression at the Lumbar 4-Lumbar 5, Lumbar 5-Sacral 1 levels with lumbar interbody stabilization: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** The requested anterior lumbar retroperitoneal exposure with decompression at the L4-5 and L5-S1 levels with lumbar interbody stabilization is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends fusion surgery for injured workers with well-documented instability in combination with significant radiculopathy identified on clinical evaluations consistent with pathology identified on an imaging study. The clinical documentation submitted for review did contain an MRI that did not identify any nerve root compromise. Additionally, the injured worker's most recent clinical evaluation dated 06/16/2014, did not provide any physical findings of radiculopathy to support subjective complaints. There was not an adequate evaluation of the lumbar spine to support the need for surgical intervention. As such, the requested anterior lumbar retroperitoneal exposure with decompression at the L4-5 and L5-S1 levels with lumbar interbody stabilization is not medically necessary.

**A 3 day inpatient 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.

**Assistant surgeon: 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.

**Lumbar Sacral Orthosis 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:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.