

<b>Case Number:</b>	CM14-0117977		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	01/14/2010
<b>Decision Date:</b>	09/12/2014	<b>UR Denial Date:</b>	07/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2014

### 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 50-year-old male who reported an injury on 01/14/2010 after moving a sofa. The injured worker reportedly sustained an injury to his low back. The injured worker's diagnoses included lateral listhesis, spinal stenosis, radiculopathy and instability. The injured worker's treatment history included physical therapy, a home exercise program, chiropractic care, acupuncture, and epidural steroid injections. The injured worker underwent lumbar x-rays on 03/06/2014 that documented there was foraminal narrowing at the L5-S1 with instability in flexion and extension due to a retrolisthesis. The injured worker underwent an MRI on 04/26/2014 that documented there was a disc protrusion at the L4-5 indenting the thecal sac, and a disc bulge at the L5-S1 impinging the exit nerve root sleeves. The injured worker was evaluated on 06/05/2014. It was noted that the injured worker had increasing low back pain, causing difficulty in managing and participating of activities of daily living. The injured worker's physical examination findings included increased pain with range of motion and numbness in the bilateral lower extremities. The injured worker had a positive straight leg raising test and 5/5 motor strength. A request was made for laminectomy and posterior spinal fusion at the L4-5. No Request for Authorization was submitted to support the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Lumbacr laminectomy , Posterior Spinal Fusion with Instrumentation, and Posterolateral Interbody Fusion at levels L4-5 and L5-S1: 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 lumbar laminectomy posterior spinal fusion with instrumentation and posterolateral interbody fusion at the levels L4-5 and L5-S1 are not medically necessary appropriate. The American College of Occupational and Environmental Medicine recommend fusion surgery for injured workers who have severe, disabling lower extremity limitations with physical exam findings of radiculopathy in distributions consistent with pathology identified on an imaging study. The clinical documentation does indicate that the injured worker has a retrolisthesis at the L5-S1. However, the grade of the retrolisthesis was not provided to support the need for a fusion surgery. Furthermore, the clinical documentation submitted for review did not provide symptoms of radiculopathy in dermatomal distributions consistent with L4-5 and L5-S1 levels. Furthermore, the American College of Occupational and Environmental Medicine recommend a psychological evaluation prior to spinal surgeries. The clinical documentation does not provide any evidence that the injured worker has undergone a psychological evaluation to determine whether they are an appropriate candidate for a multilevel fusion. As such, the requested lumbar laminectomy, posterior spinal fusion with instrumentation and posterolateral interbody fusion at the levels L4-5 and L5-S1 are not medically necessary or appropriate.

**1 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:** 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.

**5 day inpatient hospital 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.