

<b>Case Number:</b>	CM14-0136524		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	07/29/2012
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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 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:

This is a 40-year-old female who was injured on 07/29/12. The medical records provided for review documented that the claimant has continued complaints of low back pain. The electrodiagnostic studies of 2012 showed a mild acute L5 radiculopathy. The report of an MRI dated 10/31/13 showed multilevel degenerative disc disease most pronounced at the L3-4 through L5-S1 levels. The progress report of 03/17/14 documented that the claimant required a posterior interbody fusion with implants. The progress report did not document the results of a physical examination. The follow up office note dated 07/16/14 described continued low back and radiating leg pain despite conservative care including physical therapy, acupuncture, home exercises and epidural injections. Physical examination findings showed tenderness to palpation, restricted range of motion and weakness of the left lower extremity with walking. There were equal and symmetrical reflexes and hypoesthesias on sensory examination along the dorsum of the left foot. Plain film radiographs showed degenerative findings at L3-4, L4-5 and L5-S1 with no instability. This request is for a three levels L3-4, L4-5 and L5-S1 interbody fusion with grafting and a two day inpatient length of stay.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Decompression laminectomy and discectomy of L3-4, L4-5 and L5-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines; Low Back Section regarding discectomy/laminectomy

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306.

**Decision rationale:** Based on the California ACOEM Guidelines, the request for decompression laminectomy and discectomy at the L3 through S1 levels would not be indicated. ACOEM Guidelines recommend that surgical discectomy for carefully selected patients; with nerve root compression due to lumbar disk prolapse provides faster relief from the acute attack than conservative management. The medical records do not identify a direct clinical correlation between the three requested levels of surgery, the claimant's physical examination and imaging. EMG evaluation only showed evidence of a mild acute L5 radiculopathy from 2012. Without direct clinical correlation of a radicular process at the three requested levels of surgery, this individual would fail to satisfy guideline criteria. Therefore, this request is not medically necessary.

**2 day hospital stay:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Hospital length of stay (LOS) guidelines; Discectomy/Laminectomy

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: low back procedure - Fusion (spinal): Hospital length of stay (LOS). Lumbar Fusion, posterior (icd 81.08 - Lumbar and lumbosacral fusion, posterior technique) Actual data -- median 3 days; mean 3.9 days ( $\hat{A}\pm 0.1$ ); discharges 161,761; charges (mean) \$86,900 Best practice target (no complications) -- 3 days Lumbar Fusion, anterior (icd 81.06 - Lumbar and lumbosacral

**Decision rationale:** The proposed surgery is not recommended as medically necessary. Therefore, the request for an inpatient length of stay is also not recommended as medically necessary.

**posterior lateral, bone graft pedicle screw fixation:** 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 proposed surgery is not recommended as medically necessary. Therefore, the request for bone grafting and screw fixation for the fusion is also not medically necessary.

**and posterior interbody fusion w/implants:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines; regarding criteria for Lumbar Spinal Fusion

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

**Decision rationale:** California ACOEM Guidelines would not support a posterior lumbar interbody fusion. The ACOEM Guidelines state that there is no good evidence from controlled trials that spinal fusion alone is effective for treating any type of acute low back problem, in the absence of spinal fracture, dislocation, or spondylolisthesis if there is instability and motion in the segment operated on. The medical records do not contain any evidence of segmental instability at the L3-4, L4-5 or L5-S1 levels. While there is evidence of degenerative change and loss of disc height, there is no documentation of segmental instability, and the role of a three level fusion procedure cannot be supported. Therefore, this request is not medically necessary.