

<b>Case Number:</b>	CM14-0138572		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	04/02/2013
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	08/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2014

### 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 54-year-old male who reported an injury on 04/02/2013. The mechanism of injury was not stated. The current diagnosis is status post bilateral L5-S1 laminotomy and discectomy on 12/12/2013. The injured worker was evaluated on 07/24/2014 with complaints of severe muscle spasm and pain in the bilateral lower extremities. Previous conservative treatment is noted to include physical therapy, medications, and injections. The current medication regimen includes Norco, Robaxin, and gabapentin. The physical examination revealed decreased sensation to light touch in the bilateral lower extremities and decreased and painful range of motion of the lumbar spine. Treatment recommendations at that time included an anterior lumbar discectomy and interbody fusion at L5-S1. A Request for Authorization form was then submitted on 08/01/2014. It was noted that the injured worker underwent an MRI of the lumbar spine on 01/14/2014, which indicated mild disc desiccation at L5-S1 without narrowing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Spine Surgery, Anterior Lumbar Discectomy and Interbody Fusion Cage and Anterior Instrumentation at L5-S1 with 2 Day Inpatient Stay: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Low Back Problems [http://www.odg-twc.com/index.html?odgtwc/low\\_back.htm#Facet](http://www.odg-twc.com/index.html?odgtwc/low_back.htm#Facet) Injections <http://www.odg->

twc.com/index.html?odgtwc/low\_back.htm#Hospitallengthofstayhttp://www.odg-  
twc.com/index.html?odgtwc/low\_back.htm#Backbracepostoperative

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 305-306. Decision based on Non-MTUS Citation Low Back Chapter, Fusion (spinal).

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state if a referral for surgical consultation is indicated for patients who have severe and disabling lower extremity symptoms, activity limitation for more than 1 month, clear clinical, imaging, and electrophysiologic evidence of a lesion, and failure of conservative treatment. The Official Disability Guidelines state preoperative surgical indications include the identification and treatment of all pain generators, the completion of all physical medicine and manual therapy interventions, documented instability upon x-ray or CT myelogram, spine pathology that is limited to 2 levels, and a psychosocial screening. There was no documentation of spinal instability upon flexion and extension view radiographs. There was no evidence of a significant functional limitation upon physical examination. There is also no documentation of a psychosocial screening. As such, the current request is not medically appropriate.