

<b>Case Number:</b>	CM14-0164608		
<b>Date Assigned:</b>	10/28/2014	<b>Date of Injury:</b>	03/12/2013
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	09/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2014

### 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 a 41-year-old female who reported injury on 03/12/2013. The mechanism of injury was not submitted for review. The injured worker had a diagnosis of herniated nucleus pulposus of the lumbar spine, L5-S1 left sided disc extrusion, intervertebral disc disorder of the lumbar spine, bilateral neural foraminal stenosis of the lumbar spine, intractable lower back pain, radiculopathy of the lumbar spine, musculoligamentous injury of the cervical spine, and status post L5 decompression and laminectomy of the left side. Past medical treatment consists of surgery, physical therapy, steroid injections, and medication therapy. Medications consist of anti-inflammatories. MRI of the lumbar spine obtained 07/18/2014 revealed no fracture identified. The vertebral body heights were maintained. The alignment was within normal limits. There were no bony lesions identified. There was mild disc dissection at L5-S1 with mild associated loss of disc height at the same level. It was also noted that there was subtle enhancement of the inferior endplate of L5 on post contrast study, may be due to post-surgery or underlying inflammatory process. There was straightening of the lumbar lordotic curvature. There was moderate broad-based posterior disc herniation at L5-S1. This caused moderate stenosis of the spinal canal. The bilateral lateral recess and the bilateral S1 transiting nerve roots were unremarkable. Facet joints and ligament flavum demonstrated normal configuration. Disc material caused stenosis of the bilateral neural foramen. The bilateral L5 exiting nerve roots were unremarkable. The medical treatment plan was for the injured worker to undergo L5-S1 revision laminectomy, discectomy and facetectomy with posterolateral fixation and fusion and also stage 2 L5-S1 anterior lumbar fusions. Physical findings dated 8/11/2014 revealed a well healed lumbar incision at the L5-S1 level. There was tenderness to palpation bilaterally over the L5-S1 facet region area and over the sacral iliac region bilaterally. Focal lumbar flexion was diminished with flexion of 30 degrees, extension of 10 degrees and lateral bending 30 degrees

bilaterally. Muscle strength examination in the lower extremities revealed weakness in the anterior tibialis muscle on the right side at 4+/5 and the left side was 4+/5. EHL and mildly diminished pinwheel sensation in the L5 dermatome on the left side. Straight leg raise test was positive for production of low back pain radiating to the bilateral lower extremities with elevation of the left leg lower extremity to 60 degrees. There was no radiating pain to the left lower extremity. The provider felt that these surgeries were necessary seen as that the injured worker is motivated to improve her condition and return to full duty work. The Request for Authorization form was submitted on 08/20/2014.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Stage 1: L5-S1 revision laminectomy discectomy and facetectomy with posterolateral fixation and fusion:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-308.

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

**Decision rationale:** The request for L5-S1 revision laminectomy discectomy and facetectomy with posterolateral fixation and fusion is not medically necessary. The submitted documentation did not indicate that the injured worker had trialed and failed conservative treatment. It was noted that the injured worker was undergoing postoperative physical therapy, but that was due to a surgery that she had approximately 10 months ago. It was also documented that the injured worker was not taking any type of opioid therapy. The guidelines state that except for cases of trauma related spinal fracture or dislocation, fusion of the spine is not usually considered during the first 3 months of symptoms. They also state that there is no scientific evidence about the long term effectiveness of any form of surgical decompression or fusion. Guidelines also recommend psychiatric consultations prior to spine surgery; there was no mention or indication that the injured worker had undergone a psychiatric consultation. It was noted on MRI that there was moderate broad based posterior disc herniation at L5-S1. However, in the absence of spinal fracture or spondylolisthesis, a revision laminectomy and fusion is not proven to be warranted. Given the above, the injured worker is not within recommended guideline criteria. As such, the request is not medically necessary.

**Associated Surgical Service: Co-surgeon for the Stage 1 revision laminectomy discectomy and facetectomy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-308.

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

**Decision rationale:** As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

**Associated Surgical Service: Pre-op lab work: CBC, BMP, PT, PTT, and UA:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-308.

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

**Decision rationale:** As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

**Associated Surgical Service: Pre-op chest x-ray:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-308.

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

**Decision rationale:** As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

**Associated Surgical Service: Pre-op EKG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-308.

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

**Decision rationale:** As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

**Associated Surgical Service: Post-op back brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-308.

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

**Decision rationale:** As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

**Associated Surgical Service: Cold therapy Unit: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-308.

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

**Decision rationale:** As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

**Associated Surgical Service: Three day inpatient stay for the Stage 1 procedure: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-308.

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

**Decision rationale:** As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

**Stage 2 L5-S1 anterior lumbar fusion: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-308.

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

**Decision rationale:** As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

**Associated Surgical Service: Three day inpatient stay for the stage 2 procedure: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 305-308.

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

**Decision rationale:** As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.