Case Number:	CM14-0182061		
Date Assigned:	11/06/2014	**Date of Injury:**	11/30/2012
Decision Date:	12/11/2014	**UR Denial Date:**	10/27/2014
Priority:	Standard	**Application Received:**	11/03/2014

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 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 48-year-old male who reported an injury on 11/30/2012. The mechanism of injury was not provided. Prior treatments included a lumbar epidural injection, lumbar medial branch blocks, physical therapy, and medications. The injured worker was noted to have undergone an x-ray of the lumbar spine on 02/05/2013 which revealed evidence of moderate degenerative disc disease at L4-5 and mild to moderate level spondylosis at L2-3, L3-4, and L4-5, as well as L5-S1 including facet joints at the lower levels. Documentation of 09/17/2014 revealed the injured worker had low back pain along with bilateral leg symptoms. The injured worker indicated it was becoming increasingly difficult to walk and up and down stairs was difficult. The injured worker had low back pain with radiation down the legs extending into the thighs associated with weakness and constant numbness and tingling. The injured worker was noted to be psychologically clear for a proposed lower back surgery on 08/29/2014. The injured worker indicated he had constant moderate to severe bilateral ankle pain associated with edema and a burning and tingling sensation. The injured worker's medications included Neurontin, naproxen, and Flexeril. Physical examination revealed the injured worker had restricted flexion at 60 degrees, extension of 5 degrees, rotation of 30 degrees, and lateral bending of 15 degrees. There was moderate plus tenderness over the spinous processes, mainly at the lumbosacral junction, as well as over the upper sacrum and not at the upper lumbar levels. There was moderate tenderness in the paraspinal muscles, mainly inferior toward the sacroiliac joints. There was moderate plus tenderness at the sacroiliac joint and mild tenderness over the sciatic nerves. Deep tendon reflexes were unobtainable at the knees and ankles. Motor strength testing in the lower extremities revealed grade 5 strength bilaterally without true neurologic deficits. The diagnosis included multiple level degenerative disc disease and spondylosis, plus stenosis at L2-S1 with the most significant stenosis at L2-3 and L4-5, but the most significant degenerative

disease, as well as disc herniations were at L4-5 and L5-S1 associated with an annular disc disruption at L5-S1 and bilateral lower extremities radiculitis, as well as mild to moderate exogenesis obesity. The treatment plan included decompression and fusion at L4-5 and L5-S1 with a further posterior decompression potentially as high as L2-3 due to the stenosis that was present. The injured worker underwent an MRI of the lumbar spine without contrast on 03/13/2013 which revealed there is a moderate sized disc extrusion at L4-5 that was positioned in the right parasagittal/right subarticular zone measuring 8 mm at the posterior apex, 1.3 cm in the cranial caudal subligamentous extent, and 1.5 cm at the transverse base which abutted the descending right L5 nerve roots. There was mild to moderate spondylosis present. There was mild right sided reactive facet arthropathy at L3-4 which could represent a specific pain generator in the appropriate clinical setting. The distal spinal cord, conus medullaris, and cauda equina were normal. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Laminectomy from L4-5 and possibly to L3-4 and L2-3 in combination with posterior interbody fusions with cages at L4-5 and L5-S1 with segmental Pedicle screw hardware and iliac crest graft: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter; and AMA Guides (Radiculopathy, Instability), Decompression

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

Decision rationale: The American College of Occupational and Environmental Medicine indicates a surgical consultation may be appropriate for an injured worker who has severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies, preferably with accompanying objective signs of neural compromise. There should be documentation of activity limitations due to radiating leg pain for more than 1 month or the extreme progression of lower leg symptoms. There should be documentation of clear clinical, imaging and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair and documentation of a failure of conservative treatment to resolve disabling radicular symptoms. Additionally, there is no good evidence from controlled trials that spinal fusion alone is effective for treatment 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. Clinicians should consider referral for psychological screening to improve surgical outcomes. The clinical documentation submitted for review indicated the injured worker had failed conservative care. There were objective findings on clinical and imaging studies. There would be no necessity for electrophysiologic evidence of a lesion to support the necessity for a fusion. There was a lack of documentation of x-rays demonstrating spinal instability including lumbar intersegmental movement of more than 4.5 mm. Given the above and the lack of documentation, the request for lumbar Laminectomy from L4-5 and possibly to L3-4 and L2-3 in combination with posterior interbody fusions with cages

at L4-5 and L5-S1 with segmental Pedicle screw hardware and iliac crest graft is not medically necessary.

Surgical Assistant: 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.

Post-Op Physical Therapy for Lumbar Spine 2x6: 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.