

<b>Case Number:</b>	CM14-0182898		
<b>Date Assigned:</b>	11/07/2014	<b>Date of Injury:</b>	02/14/2011
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	10/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Neurosurgeon and is licensed to practice in Virginia. 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 51-year-old male who reported injury on 02/14/2011. The documentation indicated the injured worker underwent 3 lumbar surgeries, including a lumbar fusion on 12/18/2014. The mechanism of injury was noted to be the injured worker was driving forward, spreading some dirt with the bed of the dump truck, and trying to spread the dirt smoothly. The injured worker was using the control levels down by his right foot, and reaching down he turned the truck to the left, and the truck rolled onto its right side throwing the injured worker violently into the passenger's seat. The injured worker underwent a CT scan of the lumbar without contrast on 08/19/2014 which revealed at the level of L4-5 there was a 2 mm posterior disc bulge. The facet joints were mildly degenerated. The canal and foramina were adequate in size. At L5-S1 there was a small intraforaminal endplate osteophyte seen bilaterally causing mild neural foraminal narrowing. The canal was adequate in size. The facet joints were mild to moderately degenerated. There was a loss of height of all the lumbar vertebrae due to old compression deformities. There was no legible objective physical examination submitted for review. The exact date of request was not supplied. The medications and prior therapies were not provided. The documentation of 08/22/2014 was hand written and difficult to read. However, it indicated the injured worker complained of pain in the left lower extremity. The physical examination revealed limited range of motion of the lumbar spine. The diagnoses included other unspecified disc lumbar region and other postsurgical status change. The injured worker underwent electrodiagnostic studies on 08/22/2014 which revealed evidence of mild acute L5-S1 radiculopathy on the left. The most recent MRI that was submitted for review was dated 11/21/2011 which revealed at L4-5 there was desiccation and narrowing of the disc with endplate changes, and 2 mm to 3 mm circumferential annular bulging. There were short pedicles and slightly prominent ligaments. There was no facet arthropathy. There was mild central and

moderate mild recess and foraminal stenosis at L5-S1. There was narrowing and desiccation of the disc. There was mild facet arthropathy and ligamentous prominence. There was no protrusion/extrusion, only minor central canal stenosis. There was mild bilateral recess and foraminal stenosis. 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:

**Associated surgical service: Posterolateral fusion with pedicle screw fixation, Posterior interbody fusion and implants at L4-5, pedicle screw fixation from L5-S1 in order to accomplish surgery at L4-5, a decompression, laminectomy and discectomy of L4-5 with posterolateral fusion, bone graft and t: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Spinal decompression and fusion

**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 indicate a surgical consultation may be appropriate for injured workers who have 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, and 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. The clinical documentation submitted for review failed to provide documentation of a failure of conservative care and the dates and duration of care. There was a lack of documentation indicating legible clear clinical evidence to support the necessity for surgical intervention. The electrophysiologic evidence was noted to be at the level of L5-S1. There was a lack of documentation indicating the injured worker had a necessity for discectomy and laminectomy at L4-5. There was a lack of documentation of MRI evidence to support the necessity for surgical intervention. Given the above, the request for associated surgical service: posterolateral fusion with pedicle screw fixation, posterior interbody fusion and implants at L4-5, pedicle screw fixation from L5-S1 in order to accomplish surgery at L4-5, a decompression, laminectomy and discectomy of L4-5 with posterolateral fusion, bone graft and total facetectomy is not medically necessary.

**Associated surgical service: Norco 10/325 #180: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

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