

<b>Case Number:</b>	CM14-0024998		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	06/12/2013
<b>Decision Date:</b>	08/01/2014	<b>UR Denial Date:</b>	02/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2014

### 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 California and 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 62-year-old male who reported an injury on 06/12/2013. Prior treatments included activity modification, physical therapy, and medications. The mechanism of injury was the injured worker was hit by a forklift and landed on his tailbone and additionally hit his head and elbows. MRI of the lumbar spine on 08/14/2013, revealed at the level of L3-4 there were degenerative changes with moderately severe left foraminal stenosis. At the level of L4-5, there were degenerative changes with moderately severe right lateral recess and foraminal stenosis. Physical examination on 12/30/2013, revealed the injured worker had weakness in the ankles and feelings that persisted. It was indicated the injured worker's main complaint was low back pain. The treatment plan included a reconstruction of L3 through L5. It was opined that decompression and microscopic surgery would not address the main complaint.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Posterior L3-5 fusion with decompression:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306.

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

**Decision rationale:** The ACOEM Guidelines indicate that surgical consultation is appropriate for injured workers who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging, 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 clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the long and short term from surgical repair and there should be documentation of a failure of conservative treatment. Additionally, there should be consideration of a psychological screening to improve surgical outcomes. The clinical documentation submitted for review failed to provide documentation that the injured worker had a failure of conservative treatment and there was no documentation of myotomal or dermatomal findings to support neural compromise. There was slight retrolisthesis of L3 on L4 and the central canal remained patent. There was a lack of documentation of nerve encroachment at the level of L4-L5 per the MRI. There was no electrodiagnostics submitted for review. Given the above, the request for POSTERIOR L3-5 FUSION WITH DECOMPRESSION is not medically necessary.

**3 day hospital 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).

**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.