

<b>Case Number:</b>	CM14-0031790		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	03/15/2005
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	02/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2014

### 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 Orthopaedic 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 58 year old male who sustained an injury on 03/15/05. No specific mechanism of injury was noted. Prior treatment included previous lumbar laminectomy in 2012 followed by further microdiscectomy and epidural steroid injections. The injured worker was also followed for physical therapy and reported minimal benefits from therapy. Radiographs of the lumbar spine noted laminectomy defects at L4 with apparent pars fractures at L4. Magnetic resonance Imaging (MRI) of the lumbar spine from 01/29/14 noted no evidence of canal stenosis either at L3-4 or L4-5. There was a small amount of retrolisthesis 2-3mm both at L3-4 and L4-5 with disc osteophyte complexes contributing to mild/moderate neural foraminal stenosis at L3-4. There was osteophytic spurring at L4-5 with facet hypertrophy contributing to bilateral neural foraminal stenosis which increased in comparison with prior studies. Marked degenerative endplate changes were evident at L4-5. There was subluxation of the facet joints along with disruption of the pars at L4-5. Mild dorsal kyphotic curve in the lower thoracic spine and upper lumbar spine was noted. Computerized tomography of the lumbar spine on 01/29/14 also noted disruption of the pars interarticularis at L4. Slight retrolisthesis at L3-4 was evident. Degenerative endplate changes at L4-5 were also noted. The injured worker was seen by a treating physician on 05/02/14 and continued to have complaints of low back pain radiating to the right lower extremity with ambulation. Numbness in the big toe of the right foot was reported. Physical examination noted intact strength in the lower extremities with decreased sensation at the right foot. The injured worker had 5mm of translation between flexion/extension at L4-5. No independent radiology reports were available for review documenting evidence of instability. The request for lumbar spinal surgery including lateral interbody fusion at L4-5 laminectomy and posterior spinal fusion at L4-5 with placement of an inferior vena cava (IVC) filter was not granted by utilization review on 02/24/14.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Surgery (lateral interbody fusion L4-L5 Laminectomy L4-L5): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 305, 310.

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

**Decision rationale:** In regards to the request for lumbar surgery to include lateral interbody fusion with laminectomy at L4-5, this reviewer would not have recommended this request as medically necessary based on clinical documentation submitted for review and current evidence based guidelines. The clinical documentation submitted for review reported instability at L4-5 on flexion/extension views; however, no independent radiology reports identifying a substantial amount of instability on flexion/extension views was available for review. Furthermore there was no documentation regarding pre-operative psychological consult ruling out any potential confounding issues that could possibly impact the post-operative recovery as recommended by guidelines.

**Posterior spinal fusion L4-L5: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 305, 310.  
Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back Chapter, Fusion (spinal); Patient Selection Criteria for Lumbar Spinal Fusion.

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

**Decision rationale:** In regards to the request for lumbar surgery to include posterolateral fusion at L4-5, this reviewer would not have recommended this request as medically necessary based on clinical documentation submitted for review and current evidence based guidelines. The clinical documentation submitted for review reported instability at L4-5 on flexion/extension views; however, no independent radiology reports identifying a substantial amount of instability on flexion/extension views was available for review. In addition, there was no documentation regarding pre-operative psychological consult ruling out any potential confounding issues that could possibly affect the post-operative recovery as recommended by guidelines. Therefore, the request is not medically necessary.

**Placement of IVC filter: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pmc/articles/FMC3036384>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OTHER MEDICAL TREATMENT GUIDELINE OR MEDICAL EVIDENCE: CURRENT MEDICAL DIAGNOSIS & TREATMENT, 2012.

**Decision rationale:** In regards to the request for placement of an inferior vena cava (IVC) filter, this reviewer would not have recommended this request as medically necessary. The surgical request for this injured worker was not felt to be medically appropriate. Therefore, this request for pre-operative IVC filter placement would not have been supported as medically necessary.