

<b>Case Number:</b>	CM14-0036358		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	05/07/2010
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	03/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2014

### 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 New York. 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 patient is a 63-year-old female with a date of injury of May 7, 2000. The patient has chronic back pain and has been treated with Motrin, physical therapy and a lumbar epidural steroid injection. A lumbar MRI from 2000 showed grade 1 spondylolisthesis at L4-5 with moderate canal stenosis. A repeat lumbar MRI in 2011 showed degenerative changes from L1-S1. A lumbar CT scan from 2012 showed solid fusion at L4-5. A repeat lumbar MRI from 2014 shows post-operative changes at L4-5 with fusion. There is moderate stenosis at L3-4. The patient continues to complain of back and bilateral leg pain. At issue is whether lumbar fusion and decompressive surgery at L3-4 is medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Inpatient Surgery:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 203, 195. Decision based on Non-MTUS Citation Official Disability Guidelines, Guides to low Back, Hardware implant removal (fixation).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**Decision rationale:** This patient does not meet criteria for L3 for decompression and fusion. Specifically there is no documented instability at L3-4. CT scan of the lumbar spine show solid

fusion at L4-5. Flexion-extension views do not show more than 5 mm of motion at any lumbar level. Results from lumbar MRI imaging in 2014 do not show significant changes from previous MRI from 2013. The medical records do not document progressive neurologic deficit. There is no medical necessity for lumbar decompression and fusion surgery therefore, inpatient hospital stay is not medically necessary, per MTUS guidelines.

**Surgical Assistant:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Inpatient & Surgical Care 18th Edition, Assistant Surgeon Guidelines.

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

**Decision rationale:** Since the surgery (primary procedure) is not medically necessary, then all other associated items are not medically necessary.