

<b>Case Number:</b>	CM14-0050826		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	04/12/2013
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	04/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/18/2014

### 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, has a subspecialty in Orthopedic Surgery Medicine and is licensed to practice in Maryland. 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 39 year old male whose date of injury is April 12, 2013 while lifting a student and twisted his low back. No radiology report was submitted for review, but MRI dated 08/22/13 was noted to show L4-5 disc bulging contacting the thecal sac in the region of the traversing L5 nerve roots; mild biforaminal stenosis L5-S1; mild facet arthropathy at L4-5 and L5-S1. Computed tomography (CT) myelogram done March of 2014 showed moderate spinal canal stenosis at L4-5 secondary to diffuse disc bulge. X-rays of the lumbar spine dated 03/18/14 reported vertebral bodies are normal in height; minimal levoconvex curvature of the lower lumbar spine; only marginal lipping at L3 to S1; mild to moderate disc space narrowing at L4-5 and there may be mild narrowing at L5-S1; no instability demonstrated between flexion and extension. The injured worker has been treated with physical therapy, medications and epidural steroid injection with limited improvement. Physical examination dated 03/14/14 reported the injured worker to be 5'7" tall and 326 pounds (BMI=51.05). Spine exam reported pain/tenderness localized to lower lumbosacral spine. Overall alignment of spine noted good sagittal and coronal balance. Range of motion is approximately 50% of normal limited by pain. Neurological exam reported slow antalgic gait with cane. Motor exam revealed 3/5 right tibialis anterior and extensor hallucis longus (EHL), otherwise 5/5. Assessment was severe back and leg pain right greater than left, with right side foot drop, with instability on flexion/extension x-rays and severe stenosis on CT myelogram. Treatment options were discussed and the injured worker wished to proceed with surgery with laminectomy/fusion/TLIF L4-5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Laminectomy / Fusion / Transforaminal Lumbar Interbody Fusion (TLIF) at Lumbar 4-5:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Fusion (spinal).

**Decision rationale:** Per ACOEM there is no good evidence from controlled trials that spinal fusion alone is effective for treating 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. The office notes state that there is instability on flexion/extension films; however, per radiology report dated 03/18/14 no instability was demonstrated between flexion and extension. As noted on previous adverse utilization review determination, there is no documentation that a presurgical psychological evaluation has been completed. Based on the clinical information provided, medical necessity is not established for Laminectomy / Fusion / Transforaminal Lumbar Interbody Fusion (TLIF) at Lumbar 4-5.