

<b>Case Number:</b>	CM14-0053478		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	10/15/2010
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	04/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2014

### 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 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 55-year-old female who reported an injury on 10/15/2010. The mechanism of injury was not provided for review. The injured worker reportedly sustained an injury to her cervical and lumbar spine. The injured worker's treatment history included physical therapy, medications, chiropractic care, and epidural steroid injections. The injured worker underwent an MRI of the lumbar spine dated 02/17/2014. It is noted that the injured worker had a grade 1 spondylolisthesis at the L4-5 resulting in moderately severe central canal stenosis that was considered increased when compared to an MRI done on 11/08/2012. There was also a disc bulge at the L5-S1 without evidence of neural compromise. The injured worker was evaluated on 03/11/2014. Physical examination findings included tenderness to palpation of the lumbar spine with limited range of motion secondary to pain and decreased sensation in the L5-S1 dermatomal distribution with a positive left sided straight leg raising test. The request was made for LAMINECTOMY posterior spinal fusion with instrumentation and post lateral interbody fusion at the L4-5, L5-S1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Laminectomy posterior spinal fusion with instrumentation post lateral interbody fusion  
L4-L5, L5-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back-Lumbar and Thoracic (Acute and Chronic) section.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 310.

**Decision rationale:** The requested Laminectomy posterior spinal fusion with instrumentation post lateral interbody fusion L4-L5, L5-S1 is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends surgical intervention for patients who have articular findings in specific dermatomal distributions correlated by an imaging study identifying nerve root pathology. The clinical documentation submitted for review does support that the injured worker has physical findings of radiculopathy in the L5-S1 distribution. Additionally, the imaging study provided for review does indicate worsening instability. However, the American College of Occupational and Environmental Medicine recommends a psychological evaluation prior to surgical interventions such as fusion surgery. The clinical documentation does indicate that the injured worker has failed conservative treatment and has findings consistent with pathology identified on an imaging study. However, in the absence of a psychological evaluation, the appropriateness of a multilevel fusion for this injured worker cannot be determined. As such, the requested Laminectomy posterior spinal fusion with instrumentation post lateral interbody fusion L4-L5, L5-S1 is not medically necessary or appropriate.

**5 day inpatient stay:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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.