

<b>Case Number:</b>	CM14-0062222		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	03/01/2003
<b>Decision Date:</b>	08/11/2014	<b>UR Denial Date:</b>	04/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2014

### 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 67-year-old female who injured her right knee and the lumbar spine in 2003. She had a right total knee replacement. The patient continues to have back pain. MRI lumbar spine performed in January 2013 shows multilevel degenerative changes of the lumbar spine with no significant spinal stenosis. X-ray show spondylolisthesis at L4-5 and L5-S1. There is lateral listhesis of L3 on L4. At issue is whether multilevel lumbar decompression fusion surgeries medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Spinal Lumbar Laminectomy L2-S1, Instrumented Fusion L2-S1 and Extreme Lateral Interbody Fusion, Insertion of Biomechanical Devices L2-3 and L3-4: 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:** This patient does not meet establish criteria for multilevel decompression or fusion surgery. Specifically there is no correlation between MRI imaging finding showing specific compression of the nerve root and radiculopathy on physical examination. Physical examination does not document any evidence of neurologic deficit. In addition there is no

documentation of significant instability and lumbar spine. Flexion-extension views showing abnormal motion lumbar spine are not present. There are no red flag indicators for spinal fusion surgery such as fracture, tumor, or progressive neurologic deficit. Multilevel lumbar decompression and fusion surgery not medically necessary.

**Assistant Surgeon:** 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 surgery is not medically necessary, then all other associated items are not needed.

**Medical Clearance, Lumbar Spine:** 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 surgery is not medically necessary, then all other associated items are not needed.

**In-Patient Hospital Four to Five Day 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 surgery is not medically necessary, then all other associated items are not needed.

**Cell Saver Qty: 1:** 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 surgery is not medically necessary, then all other associated items are not needed.