

<b>Case Number:</b>	CM14-0062632		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	05/14/2012
<b>Decision Date:</b>	08/11/2014	<b>UR Denial Date:</b>	04/14/2014
<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 Spine 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 61-year-old female. She has a date of injury of May 14, 2012. She has been treated conservatively and continues to have pain. A MRI from December 2013 shows grade 1 spondylolisthesis of L3 on L4 and L4 and L5. There is movement documented on flexion-extension x-rays. The patient was diagnosed with L4-5 spinal stenosis, right-sided synovial cyst and moderate stenosis at L3-4. She has right leg pain that is refractory to lumbar injections and conservative measures. Physical examination shows normal reflexes and sensation. There is normal strength and normal neurologic exam of the bilateral lower extremities. Range of motion lumbar spine was reduced secondary to pain. At issue is whether or not lumbar decompression fusion surgery at multiple levels is medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Surgery of Anterior/Posterior L3-4, L4-5 Transforaminal Lumbar Interbody Fusion with Instrumentation and Decompression, MD Surgical Assistant and 4 Days Inpatient Stay at [REDACTED]: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305. Decision based on Non-MTUS Citation ODG Guidelines, Length of Hospital Stay.

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

**Decision rationale:** This patient does not meet establish criteria for lumbar fusion surgery. Specifically, flexion-extension views do not show greater than 5 mm of motion in any lumbar segment. The flexion-extension views do not document more than 5 mm of motion at L3-4 L4-5. Criteria for lumbar fusion surgery has not been met. Criteria for documentation of instability requirement for fusion has not been met. In addition, the patient has no red flag indicators for lumbar fusion surgery such as fracture, tumor, or progressive neurologic deficit. The patient also does not meet establish criteria for lumbar decompressive surgery. Specifically there is no documentation of neurologic deficit on physical examination. There is no correlation between radiculopathy and specifically compression of the nerve root on MRI imaging. Therefore, the request is not medically necessary.

**Pre-Op Lumbar MRI:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Occupational Disability Guidelines (ODG), MRI, Low Back.

**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 medically necessary.