

<b>Case Number:</b>	CM14-0064521		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	12/03/2008
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	04/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2014

### 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 65 year old male who sustained an injury on 12/03/08 while operating a crane. The injured worker tripped over a beam landing backwards onto the back. The injured worker developed complaints of low back pain radiating to the lower extremities. Prior treatment did include physical therapy, massage treatments, acupuncture, and the use of traction. The injured worker also was provided epidural steroid injections which had progressively less benefit with the most recent injection providing 2 weeks of help overall. The injured worker also underwent sacroiliac joint injections on 03/05/14 with no benefit. No imaging studies of the lumbar spine were available for review. The clinical report from 04/17/14 indicated the injured worker had no benefit from recent sacroiliac joint injections. Recommendations were for L3 through L5 decompression followed by transforaminal lumbar interbody fusion. No updated physical examination findings were noted. The requested L3 through L5 decompression with instrumentation and transforaminal lumbar interbody fusion was denied by utilization review on 04/28/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L3-5 Decompression, Instrumentation, TLIF's, And Fusion:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low

Back, Updated 03/31/14, Discectomy/Laminectomy, ODG Indications For Surgery -  
Discectomy/Laminectomy, Fusion (spinal).

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

**Decision rationale:** The request for an L3 through L5 decompression with instrumentation and transforaminal lumbar interbody fusion, is not recommended as medically necessary based on review of the clinical documentation submitted as well as current evidence based guidelines. The clinical documentation indicates the injured worker continued to be symptomatic of low back pain radiating to the lower extremities despite conservative treatment. No updated physical examination findings for the injured worker were available for review. There were also no imaging reports available for review identifying pathology from L3 through L5 that would be reasonably addressed with proposed surgical procedures. The clinical documentation provided for review also did not contain any preoperative psychological consult ruling out any confounding issues that could possibly impact the injured worker's postoperative recovery as recommended by current evidence based guidelines. As the clinical documentation submitted for review did not meet guideline recommendations regarding the recommended services, this reviewer would not have recommended this surgical request as medically necessary at this time.