

<b>Case Number:</b>	CM14-0065375		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	08/20/2013
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	04/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2014

### 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 California. 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 57-year-old male who reported injury on 08/20/2013. The mechanism of injury was noted to be a fall off a roof. Other therapies were noted to include epidural steroid injections and physical therapy. The injured worker's medications included Terocin. The surgical history was not provided. The injured worker underwent an MRI of the lumbar spine on 10/27/2013 which revealed at the level of L2-3, there was a moderate to severe disc height loss with a 2 mm to 3 mm disc osteophyte complex with congenitally shortened pedicles, which rendered a moderate spinal canal stenosis. The neural foramen were mild to moderately stenotic on the left and mildly stenotic on the right. At L3-4 there was a mild to moderate disc height loss with a 2 mm to 3 mm disc osteophyte complex with a central extruding component extending past the superior and inferior endplates of the L3-4 for a craniocaudal dimension of 15 mm. There were congenitally shortened pedicles and posterior epidural fat rendering moderate spinal canal stenosis. The neural foramen were moderate to severely stenotic on the left and mild to moderately stenotic on the right, exacerbated by disc osteophyte complex. There was moderate to severe disc height loss with a 4 mm to 5 mm disc osteophyte complex with a superior extruding component that extended to superiorly past the inferior endplate of the L4-6 mm. The spinal canal was moderate to severely stenotic. There was a moderate to severe right neural foraminal stenosis and mild left neural foraminal stenosis. The injured worker was noted to have x-rays on 12/19/2013, which revealed severe multilevel disc degeneration with severe right sided collapse of disc space at L4-5, resulting in a scoliotic deformity with a left sided collapse at L2-3 and lateral osteophytes. There was noted to be severe degeneration at L4-5 with Modic changes and slight anterolisthesis. The injured worker underwent a psychiatric evaluation on 04/01/2014. The documentation indicated from a psychiatric perspective, the injured worker was an acceptable candidate for surgery and his mental health would improve greatly with a

good surgical outcome. The documentation of 03/31/2014 revealed the injured worker was symptomatic and was utilizing a cane to get around. The injured worker's legs were giving out on him and he was noted to be feeling weak. The injured worker had fallen and did not have strength in his legs. The injured worker reported pain across the back, especially in the right lower extremity, buttocks, and down the right lateral thigh towards the front of his leg. The injured worker had continued difficulty with walking and reported numbness. The physical examination revealed the injured worker had 4/5 strength in the right quadriceps, tibialis anterior and EHL, as well as right gastric soleus. The sensation was diminished in the anterior part of his thighs and legs, especially in the right at L4 distribution. The reflexes were diminished in the right knee compared to the left with decreased sensation in the lateral part of the right leg and calf. The injured worker had an antalgic gait. The injured worker had x-rays that were reviewed, which revealed disc degeneration with right sided collapse at L4-5. There was degenerative scoliosis with asymmetry at L2-3 above. There were severe Modic changes and asymmetry collapse at the L2-3 disc space, left greater than right, with resultant scoliosis between L2 and L5. The physician documented the MRI shows severe stenosis at L4-5 and moderate at L3-4. The physician documented the impression was the injured worker had low back pain with right greater than left lower extremity pain, numbness, and weakness in the setting of lumbar disc herniation, disc degeneration, spondylolisthesis, stenosis, and degenerative scoliosis. The treatment plan included a psychiatric evaluation and an interbody fusion at L2-3, L3-4, and L4-5. The physician opined to correct the injured worker's scoliosis; the injured worker should have a decompression and fusion. There was no Request for Authorization submitted to support the request.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Lumbar laminectomy L2-L5, instrumented fusion L4-5, posterior lumbar interbody fusion (PLIF) with insertion of biomechanical devices L4-5: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 307, 310, 305.  
Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back Chapter

**MAXIMUS guideline:** Decision based on MTUS ACOEM.

**Decision rationale:** The American College of Occupational and Environmental Medicine indicate a surgical consultation may be appropriate for injured workers who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies preferably with accompanying objective signs of neural compromise. There should be documentation of activity limitations due to radiating leg pain for more than 1 month or the extreme progression of lower leg symptoms, and clear clinical, imaging and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair and documentation of a failure of conservative treatment to resolve disabling radicular symptoms. Additionally, 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. There should be consideration for a referral for psychological screening to improve surgical outcomes. The clinical documentation submitted for review indicated the injured worker had objective findings upon MRI and physical examination, as well as radiologic examination. The

requested intervention would be supported. The clinical documentation indicated the injured worker was to undergo a psychological evaluation prior to surgical intervention and the evaluation was not provided for review. As such, the request for Lumbar laminectomy L2-L5, instrumented fusion L4-5, posterior lumbar interbody fusion (PLIF) with insertion of biomechanical devices L4-5 is not medically necessary.

**Assistant surgeon:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Milliman Care Guidelines, 12th edition; American College of Surgeons et al. Physicians as Assistants at Surgery 2002 study. [www.facs.org](http://www.facs.org)

**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.

**3-4 day inpatient stay:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back Chapter, Hospital length of stay (LOS)

**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.