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| <b>Case Number:</b>   | CM14-0073684 |                              |            |
| <b>Date Assigned:</b> | 05/22/2014   | <b>Date of Injury:</b>       | 05/12/2008 |
| <b>Decision Date:</b> | 06/09/2014   | <b>UR Denial Date:</b>       | 04/29/2014 |
| <b>Priority:</b>      | Expedited    | <b>Application Received:</b> | 05/21/2014 |

### 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, has a subspecialty in Spine Surgery and is licensed to practice in Texas and 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 55-year-old male who reported an injury on May 12, 2008. The mechanism of injury was not specifically stated. The injured worker is currently diagnosed as status post L4 through S1 decompression and laminectomy in 2012, bilateral lumbosacral disc osteophyte, sacroiliac joint sprain and strain, and status/post bilateral carpal tunnel release in 2008. Previous conservative treatment was not mentioned. The injured worker was evaluated on April 23, 2014. The injured worker reported persistent lower back pain with limited range of motion and radiation into bilateral lower extremities. Physical examination revealed limited lumbar range of motion, guarding, tenderness to palpation, positive straight leg raising, and positive sacroiliac stress test. Treatment recommendations at that time included continuation of current medication. It is noted that the injured worker was pending authorization for a bilateral revision decompression at L4-5 and L5-S1. The injured worker underwent an MRI of the lumbar spine on July 17, 2011, which indicated an 8mm broad based circumferential posterior disc - endplate osteophyte complex at L4-5 with moderate narrowing of bilateral neural foramina and a 3 mm broad based posterior endplate osteophyte formation at L5-S1 with encroachment and significant narrowing of bilateral neural foramina.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**URGENT BILATERAL L4-5, L5-S1 RIGID SEGMENTAL INTERNAL FIXATION, PEDICLE SCREWS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG Low Back, Indications for Surgery.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Decompression, Fusion.

**Decision rationale:** As the injured worker's surgical procedure is not medically necessary, the current request is also not medically necessary.

**URGENT PRE-OP MEDICAL CLEARANCE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse - [www.guideline.gov](http://www.guideline.gov).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Decompression, Fusion.

**Decision rationale:** As the injured worker's surgical procedure is not medically necessary, the current request is also not medically necessary.

**URGENT REVISION DECOMPRESSION, POSTEROLATERAL FUSION OF BILATERAL L4-5 AND L5-S1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG Low Back, Indications for Surgery.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): (s) 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Decompression, Fusion.

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state surgical consultation is indicated for patients who have severe and disabling lower extremity symptoms, activity limitation for more than 1 month, extreme progression of lower extremity symptoms, clear clinical, imaging, and electrophysiological evidence of a lesion, and a failure of conservative treatment. The Official Disability Guidelines state there are two common types of spine surgery decompression procedures including microdiscectomy or open decompression discectomy/laminectomy. Preoperative clinical surgical indications for a spinal fusion should include identification and treatment of all pain generators, completion of physical medicine and manual therapy, demonstration of spinal instability upon x-rays and/or CT myelogram, and a psychosocial evaluation. According to the documentation submitted, the injured worker underwent L4 to S1 decompression and laminectomy in September 2012. There is no documentation of an updated MRI following the initial procedure. There is no indication of a failure to respond to physical medicine and manual therapy. There is no documentation of spinal

instability upon flexion and extension view radiographs. There is also no evidence of a psychological evaluation. Based on the aforementioned points, the injured worker does not meet criteria for the requested procedure. As such, the request is not medically necessary.