

<b>Case Number:</b>	CM14-0079659		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	10/18/1983
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	05/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/30/2014

### 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 79 year old male whose date of injury is 10/18/1983. The mechanism of injury is not provided. Per initial surgical consultation report dated 03/06/14, the injured worker presented with chief complaint of low back pain. The injured worker has had fourteen epidural steroid injections which initially provided significant relief, but there was no benefit from the last two injections. The injured worker is reported to have had extensive physical therapy. As he was now having more low back pain than leg pain, a radiofrequency neurotomy was performed, but provided no symptomatic relief. The injured worker was noted to be taking numerous medications including Celebrex, Nexium, Simvastatin, Voltaren gel, hydrocodone, and Soma. The injured worker is interested in exploring his surgical options. On 03/18/14, the injured worker is noted to present with severe disabling back pain coupled with neurogenic claudication. Physical examination revealed no interval change, with antalgic gait with wide-based stance. He stands with a forward flexed posture. Difficulty extending the lumbar spine past neutral is noted. MRI of the lumbar spine was performed on 02/27/14 and compared to prior study done 05/02/12, and revealed borderline spinal stenosis at L3-4; severe bilateral foraminal impingement at L2-3, L3-4 and L4-5; no focal lesion noted to cause significant left foraminal impingement to explain reported symptoms; evidence of edema involving the right posterior paraspinal fat of indeterminate clinical significance; mild edema involving the right paraspinal musculature at L3-4 which may represent nonspecific etiology such as muscular spasm; overall stable examination in interval. Radiographs of the lumbar spine dated 03/06/14 showed S-shaped type scoliosis of the thoracolumbar spine, with no abnormal motion with right or left lateral bending; grade I anterolisthesis at L3-4 and anterolisthesis at L5-S1 without abnormal motion with flexion or extension; endplate marginal spurring with disc space narrowing consistent with degenerative

disc disease appears moderate at T12-L1, severe at L1-2 and L2-3, moderate at L3-4, severe at L4-5 and moderate at L5-S1; no compression fractures identified.

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

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

#### **Anterior Lumbar Interbody Fusion L3-S1/Posterolateral Fusion L1-S1 with Instrumentation, Laminectomy L3-L5: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar Spine.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Fusion (spinal); Fusion for adult idiopathic scoliosis.

**Decision rationale:** Per Official Disability Guidelines, criteria for adult idiopathic scoliosis require at least three months of nonsurgical care; curvatures over sixty degrees, or curvatures over fifty degrees with persistent pain in adults; progressive mid and low back curve or low back curve with persistent pain; reduced heart and lung function; adults under fifty years old due to surgical risks (but exceptions are possible). The injured worker does not meet the criteria as listed above for multilevel fusion for scoliosis as he is over fifty years old, and scoliosis was noted as most pronounced from L3 to L5 measuring approximately thirty eight degrees. The injured worker is noted to have neurogenic claudication, and MRI does show severe bilateral foraminal impingement at L2-3, L3-4 and L4-5. There is no evidence of motion segment instability at any level of the lumbar spine. Decompression of these levels may be indicated and could result in iatrogenic instability necessitating lumbar fusion; however, there is no medical necessity for the extensive surgical procedure requested. As noted on previous review, the injured worker is seventy nine years old and there is no evidence that he has been cleared by his primary care physician for surgical intervention. There also is no documentation that a presurgical psychological evaluation has been completed addressing confounding issues. Based on the clinical information provided, medical necessity is not established.

#### **5 Day Inpatient Stay: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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, Hospital length of stay (LOS).

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

#### **Preoperative History and Physical, Clearance: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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, Preoperative testing, general.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.