

<b>Case Number:</b>	CM14-0079982		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	10/09/2010
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	05/21/2014
<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 with a Spine Fellowship, 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:

According to the records made available for review, this is a 55-year-old female with a 10/9/10 date of injury. At the time (5/2/14) of request for authorization for L4-S1 decompression and possible lumbar fusion and 2 day inpatient stay, there is documentation of subjective (low back pain radiating to both legs with numbness and bilateral shoulder pain) and objective (tenderness to palpation over paraspinal muscle with decreased range of motion and decreased sensation over bilateral L5 and S1 dermatomes) findings, imaging findings (MRI lumbar spine (12/9/13) report revealed L4 through S1 disc protrusion causing stenosis of the spinal canal with concurrent hypertrophy of bilateral facets), current diagnoses (lumbar radiculopathy), and treatment to date (epidural injections, physical therapy, and medications). 5/27/14 medical report identifies that fusion may be necessary to remove more than 50% of the facets, in order to fully decompress the foramina. In addition, medical reports identify that patient failed multiple conservative treatments for more than one year and has neurological deficit that is consistent with MRI findings.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**2 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 cite any medical evidence for its decision.

**Decision rationale:** As the original request is not medically necessary, all related requests are considered to be medical unnecessary.

**L4-S1 decompression and possible lumbar 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 05/12/2014), Discectomy/laminectomy, Fusion(spinal) and ODG Indications for surgery

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307;. Decision based on Non-MTUS Citation ODG: Low Back Discectomy/laminectomy and Fusion (spinal)

**Decision rationale:** The MTUS/ACOEM guidelines identifies documentation of severe and disabling lower leg symptoms in the distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise; Activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms; Failure of conservative treatment; and an Indication for fusion (instability OR a statement that decompression will create surgically induced instability), as criteria necessary to support the medical necessity of laminotomy/fusion. The Official Disability Guidelines identify documentation of symptoms/findings which confirm presence of radiculopathy, objective findings that correlate with symptoms and imaging findings in concordance between radicular findings on radiologic evaluation and physical exam findings, as criteria necessary to support the medical necessity of decompression/laminotomy. Within the medical information available for review, there is documentation of a diagnosis of lumbar radiculopathy. In addition, there is documentation of objective (diminished sensation over the bilateral L5 and S1 dermatome) findings that correlate with symptoms and failure of conservative treatment. Furthermore, there is documentation of imaging findings in concordance between radicular findings on radiologic evaluation and physical exam findings. However, despite non-specific documentation of subjective findings (low back pain radiating to the both legs), there is no specific (to a nerve root distribution) documentation of symptoms which confirm presence of radiculopathy. In addition, given documentation that fusion may be necessary to remove more than 50% of the facets in order to fully decompress the foramina, there is documentation of an indication for fusion (a statement that decompression will create surgically induced instability). Therefore, based on guidelines and a review of the evidence, the request for L4-S1 decompression and possible lumbar fusion is not medically necessary.