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| <b>Case Number:</b>   | CM14-0082798 |                              |            |
| <b>Date Assigned:</b> | 07/21/2014   | <b>Date of Injury:</b>       | 02/01/1996 |
| <b>Decision Date:</b> | 10/16/2014   | <b>UR Denial Date:</b>       | 05/21/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/04/2014 |

### 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 Spine Surgeon 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 67-year-old male who reported an injury on 02/01/1996 due to an unknown mechanism of injury. The injured worker reportedly sustained an injury to his low back. The injured worker's treatment history included physical therapy, heat treatment, TENS, acupuncture, epidural steroid injections, and traction. The injured worker underwent an MRI on 03/20/2014 that documented there was a degenerative retrolisthesis at the L3-4 with compression of the thecal sac at the L3-4 and L4-5. The injured worker was evaluated on 06/16/2014. It was noted that the injured worker had multilevel spinal stenosis and an indication of instability. Physical examination findings included decreased sensation of the lateral lower legs bilaterally with restricted range of motion secondary to pain, and tenderness to palpation of the bilateral lumbar facets with a positive straight leg raising test bilaterally at 70 degrees. A request was made for an L3 through S1 discectomy and fusion. No Request for Authorization form was 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:

**Laminectomy & decompression L3-S1, discectomy & interbody fusion, and posterior spinal fusion at L3-S1:** Upheld

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

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

**Decision rationale:** The requested Laminectomy & decompression L3-S1, discectomy & interbody fusion, and posterior spinal fusion at L3-S1 is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommend fusion surgery for patients who have significant evidence of instability that would benefit from stabilization. The clinical documentation submitted for review does indicate that the injured worker has instability on the MRI. However, this instability is not noted at all levels of the lumbar spine. The American College of Occupational and Environmental Medicine recommend fusion surgery be limited to 2 levels. Therefore, a multiple level fusion surgery would not be supported. Additionally, the American College of Occupational and Environmental Medicine recommend a psychological assessment prior to spine surgery. The clinical documentation does not provide any evidence that the injured worker has been assessed for psychological risk factor that could contribute to delayed recovery postsurgically. Given the absence of the above information, the requested surgical intervention is not supported. As such, the requested Laminectomy & decompression L3-S1, discectomy & interbody fusion, and posterior spinal fusion at L3-S1 is not medically necessary or appropriate.