

<b>Case Number:</b>	CM14-0083617		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	11/20/2012
<b>Decision Date:</b>	12/02/2014	<b>UR Denial Date:</b>	05/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2014

### 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 55-year-old male who reported an injury on 11/20/2012. Prior therapies included six acupuncture visits, 18 chiropractic treatments, 24 physical therapy visits, and Epidural Steroid Injections. The mechanism of injury was the injured worker slipped on a wet floor and fell. The injured worker underwent an MRI of the lumbar spine on 12/19/2013, which revealed moderate bilateral facet arthrosis with ligamentum flavum unfolding at L4-5 and L5-S1. There was a grade 1 spondylolisthesis of 4 mm forward slippage of L5 on S1, presumably secondary to bilateral facet arthrosis. Additionally, the injured worker was developing moderate degenerative disc disease at L5-S1 and at L5-S1, there was a broad based posterior disc bulge extending into both inferior foraminal zones. There was mild lateral recess stenosis and contact of the S1 nerve root was seen. There was mild compression of the mid-course of the exited left L5 and contact of the exited right L5 root. The injured worker underwent a second MRI of the lumbar spine dated 03/28/2014, which revealed at L5-S1 there was a grade 1 anterolisthesis of L5 in reference to S1. There was a 3 to 4 mm disc protrusion present, seeming to extend into both neural foraminal exit zones. There was moderate bilateral neural foraminal exit zone compromise with borderline spinal stenosis. The injured worker's medications included Prilosec, naproxen, and tramadol. The documentation of 03/31/2014 revealed the injured worker had discomfort and pain in the low back area with radiation to the bilateral lower extremities. The injured worker had associated symptoms of numbness and tingling bilaterally. The physician documented the injured worker had not improved despite conservative therapy including medication, physical therapy, and epidural steroid injection. The physical examination revealed the injured worker had decreased range of motion of the lumbar spine of forward flexion to 30 degrees, extension to 0 degrees, and bilateral bending and lateral rotation to 5 degrees. There was pain with terminal range of motion. The sciatic notch test and straight leg raise were

positive. The muscle strength of the extensor hallucis longus and gastrocnemius soleus were 4/5. Sensation was decreased to light touch in the L5 and S1 dermatomes. The deep tendon reflexes were 1+ bilaterally in the patella and zero in the Achilles. The diagnoses were lumbar stenosis and radiculopathy. The treatment plan included a lumbar decompression and fusion at the level of L5-S1. The physician further documented the injured worker had stenosis at L4-5 and would benefit from a simple decompression. There was a Request for Authorization submitted for review.

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

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

#### **Inpatient One Level at L5-S1 Decompression & Fusion: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

**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; 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. The clinical documentation submitted for review failed to provide documented imaging and electrophysiologic evidence. There was no official MRI submitted for review. The injured worker had a failure of conservative care and had clinical evidence to support surgical intervention. The request was for an inpatient surgery; however, the quantity of days was not specified. Given the above and the lack of documentation, the request for inpatient 1 level at L5-S1 decompression and fusion is not medically necessary.