

<b>Case Number:</b>	CM14-0086303		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	03/08/2012
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	05/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2014

### 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, Montana, and Tennessee. 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 39-year-old male who reported an injury on 03/18/2012 after he took a tire off an SUV. The injured worker reportedly sustained an injury to his low back. The injured worker's treatment history included lumbar intralaminar laminotomy at the L3 through the S1 in 01/2013. The injured worker was evaluated on 04/07/2014. It was noted that the injured worker had chronic debilitating low back pain that radiated into the bilateral lower extremities, reported to be an 8/10. It was noted that the injured worker reported psychological symptoms of anxiety, depression, stress, and insomnia. Physical findings included tenderness to the sciatic notch bilaterally with a positive straight leg raising test, tension sign, and bowstring test bilaterally. The injured worker had decreased motor strength of the bilateral extensor hallucis longus muscles. It was noted that the injured worker underwent an MRI on 09/25/2013. However, an independent review of that MRI was not provided. The injured worker's diagnoses included lumbar spine herniated discs from the L2 to the S1, status post lumbar surgical intervention from the L3 to the S1, cervical spine sprain/strain, bilateral knee sprain/strain, bilateral wrist sprain/strain, bilateral hip sprain/strain, and bilateral ankle sprain/strain. The injured worker's treatment plan included multilevel lumbar fusion at the L3-4, L4-5, and L5-S1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Anterior Posterior Combined Decompression and Fusion at Lumbar 3-Lumbar 4, Lumbar 4- Lumbar 5 and Lumbar 5 and Sacral 1: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Fusion (spinal).

**Decision rationale:** The requested anterior posterior combined decompression and fusion at the L3-4, L4-5, and L5-S1 is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends fusion surgery be supported by significant physical findings during the clinical examination consistent with all requested dermatomal distributions and corroborated by pathology identified on an imaging study that have failed to respond to conservative treatment. The clinical documentation fails to identify any conservative treatment since the injured worker's last surgical intervention. Additionally, the submitted documentation failed to provide an independent review of the MRI to support the need for a multilevel fusion. Furthermore, the injured worker's physical evaluation did not provide functional deficits consistent with the L3-4 dermatomal and myotomal distributions. Also, the Official Disability Guidelines recommend a psychological evaluation prior to a fusion surgery. The clinical documentation does indicate that the injured worker has psychological complaints. Therefore, psychological evaluation prior to a multilevel fusion would be indicated. As such, the requested anterior posterior combined decompression and fusion at lumbar L3-4, L4-5, and L5-S1 is not medically necessary or appropriate.

**Inpatient Hospitalization stay of 5 days:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 11th Edition, Low Back Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

**Assistant Surgeon:** 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 requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

**Vascular Surgeon:** 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 requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.