

<b>Case Number:</b>	CM14-0087195		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	11/01/2011
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	05/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/10/2014

### 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 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:

This is a 50-year-old male who sustained a vocational injury on 11/1/11 while trashing, lifting, and stacking lunch barrels. A letter dated 8/4/14 documents that the patient has been treated conservatively with physical therapy, pain medications, and epidural injection and that all non-operative treatment has been ineffective in relieving the patient's symptoms. He continues to have ongoing intermittent severe low back pain that is worse on the right side with occasional weakness in the right leg. It is documented that he is interested in surgical management. Physical examination showed pain with extension, significant muscle guarding, and weakness in the right lower extremity including the extensor hallucis longus at 4+/5, and a slightly less reflex on the left when compared to the right. The report documented that x-rays of the lumbar spine showed severe degenerative disc disease and collapse of the L5-S1 with moderate spondylosis with unilateral pars defect and moderate degenerative changes at L4-5. The remainders of his disc spaces were well-preserved. The MRI was reported to show Grade I spondylolisthesis at L5-S1 and moderate to severe foraminal stenosis on the right side at L5-S1 and mild to moderate stenosis at L4-5. This request is for a lumbar interbody fusion at L4-5, transforaminal lumbar interbody fusion at L5-S1, laminectomy and posterior spinal fusion at L4-5, fusion decompression with reduction of spondylolisthesis with bilateral Smith-Peterson osteotomies, and an additional laminectomy and decompression and fusion of L4-5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Interbody fusion L4-5, Transforaminal lumbar interbody fusion L5-S1, laminectomy and posterior spinal fusion L4-S1; fusion decompression and reduction of the spondylolisthesis with Bilateral Smith-Peterson Osteotomies; additional laminectomy decompression and fusion of the L4-5:** 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 Procedure.

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

**Decision rationale:** Based on the California ACOEM Guidelines and supported by the Official Disability Guidelines, the request for the proposed surgery is not recommended as medically necessary. Documentation presented for review fails to address the smoking status of the patient which would be imperative to know prior to considering medical necessity in the form of a lumbar fusion. In addition, there is a lack of documentation that the patient has had recent psychological screening which is recommended prior to considering lumbar fusion surgery in the setting of a worker's compensation case to ensure a good surgical result. Based on the documentation presented for review and in accordance with California MTUS, ACOEM, and Official Disability Guidelines, the request for the surgical intervention of the lumbar spine cannot be considered medically necessary.

**MRI lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Procedure Summary.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Treatment in Worker's Comp; 2013 Updates; Chapter Low Back, MRI.

**Decision rationale:** Based on the California ACOEM Guidelines and supported by the Official disability Guidelines, the request for an MRI of the lumbar spine cannot be recommended as medically necessary. The documentation presented for review establishes that the patient had a previous lumbar spine MRI which acknowledged and helped define pathology of the lumbar spine. It is not clear from the documentation presented for review how a new lumbar spine MRI would change the current course of treatment and management for the patient. There is no documentation that the claimant's condition has worsened or that the patient has developed progressive neurologic deficits that would medically necessitate a new diagnostic study of the lumbar spine. Based on the documentation presented for review and the ACOEM Guidelines and the Official Disability Guidelines, the request for the lumbar spine MRI cannot be considered medically necessary.

