

<b>Case Number:</b>	CM14-0094238		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	03/09/2011
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/20/2014

### 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 Surgery 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 43-year-old female who reported an injury on 03/09/2011 after carrying a heavy box. She reportedly sustained an injury to her low back. The injured worker's diagnoses include lumbar disc displacement without myelopathy. Her treatment history includes multiple medications, physical therapy, chiropractic care, and epidural steroid injections. The injured worker was evaluated on 05/20/2014. Her medications were listed as Omeprazole, Naprosyn, and Vicodin. Physical findings on exam included weakness in the right gastrocnemius and diminished right gastrocnemius reflex with a positive straight leg raising test, and 4/5 strength of the right gastrocnemius with diminished sensation of the plantar aspect of her foot. It was noted that the injured worker had undergone an x-ray that indicated there was a degenerative spondylolisthesis at the L5-S1. The injured worker underwent an MRI on 06/18/2012. Findings included a 4mm anterolisthesis of the L5 on the S1 with a disc bulge at the L5-S1 impinging the right S1 nerve root. A request was made for anterior interbody fusion at the L5-S1 followed by posterior instrumentation and decompression.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Anterior Interbody Fusion L5-S1 Followed by Posterior Instrumentation and Decompression:** 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

- TWC: Low Back, Patient Selection Criteria for Lumbar Spinal Fusion; Indications for Surgery (Discectomy).

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

**Decision rationale:** The requested anterior interbody fusion at the L5-S1 followed by posterior instrumentation and decompression is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine (ACOEM) recommends fusion surgery for patients with documented evidence of instability that have failed to respond to conservative treatments in combination with documented significant lower extremity deficits correlative with pathology identified on an imaging study. The clinical documentation submitted for review does indicate that the injured worker had radicular findings consistent with a disc bulge impinging the exiting S1 nerve root identified on the imaging study. Decompression of this disc in combination with the 4 mm retrolisthesis would create intraoperative instability. Therefore, surgical intervention would be indicated for this patient. However, ACOEM recommends psychological evaluation prior to spinal surgery to evaluate the injured worker's candidacy for this type of surgery. The clinical documentation submitted for review does indicate the injured worker has previously been recommended for psychological treatment. However, no recent evaluation of the patient to determine the appropriateness of the surgical intervention for the injured worker was provided. As such, the requested anterior interbody fusion at the L5-S1 followed by posterior instrumentation and decompression is not medically necessary or appropriate.