MAXIMUS Federal Services

| Case Number: | CM14-0164012 | | |
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| Date Assigned: | 10/08/2014 | Date of Injury: | 05/15/1989 |
| Decision Date: | 02/28/2015 | UR Denial Date: | 09/11/2014 |
| Priority: | Standard | Application Received: | 10/06/2014 |

## 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Texas
Certification(s)/Specialty: Orthopedic Surgery

## 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 58-year-old male who reported injury on 05/15/1989. The diagnosis included an L5-S1 herniated disc. The surgical interventions included previous laminectomies at L4-5-S1 in 1983, 1992, and 1995. Prior therapies included activity modification, NSAIDs, physical therapy, chiropractic care and 6 injections. The medications were not provided. The documentation of 10/29/2013 revealed the physical examination included a positive straight leg raise at the bilateral lower extremities at L5. The injured worker had difficulty rising from a seated position and had an antalgic gait. The sensory examination with light touch and proprioception was within normal limits. There was no hyperreflexia or pathologic reflexes on examination. The documentation indicated the injured worker had a CT scan of the lumbar spine which revealed intervertebral ossifications with near complete fusion and ring like osteophytes laterally and in the lateral recess bilaterally. The axial images revealed right eccentric bone growth causing central, lateral recess and foraminal narrowing on the right at L5-S1. The recommendation was for a bilateral L5-S1 microdecompression and possible discectomy. There was no 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:

**Transforaminal lumbar interbody fusion L5-S1, posterior spinal fusion L5-S1, right L5-S1 microdecompression:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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, and 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. There was documentation of clinical findings and a failure of conservative care. However there were no official imaging studies or electrodiagnostic studies to support the necessity for surgical intervention. Given the above and the lack of documentation, the request for transforaminal lumbar interbody fusion L5-S1, posterior spinal fusion L5-S1, and right L5-S1 micro decompression is not medically necessary.