

<b>Case Number:</b>	CM14-0196604		
<b>Date Assigned:</b>	12/04/2014	<b>Date of Injury:</b>	08/09/2013
<b>Decision Date:</b>	01/21/2015	<b>UR Denial Date:</b>	10/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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 Neurological 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:

The injured worker is a 58-year-old male who reported an injury on 08/09/2013. The mechanism of injury was not provided. The prior therapies included an epidural steroid injection. There was a Request for Authorization submitted for review. The documentation of 10/07/2014 revealed the injured worker's medications included Norco 10/325 mg, Ativan 0.5 mg, omeprazole DR 20 mg, trazodone 100 mg, and Zanaflex 4 mg tablets, as well as naproxen sodium 550 mg tablets. The injured worker had low back pain radiating to the left lower extremity rated 6/10 to 9/10 on the visual analog scale (VAS) without the use of medications, and it was reduced to 5/10 to 6/10 on the VAS with the use of medications. The physical examination revealed no evidence of weakness while walking on the toes or heels. There was tenderness to palpation of the paravertebral muscles bilaterally. There was no evidence of tenderness over the sacroiliac joints bilaterally. There was decreased sensation on the L4 and L5 dermatomes and, to a lesser degree, the S1 dermatome on the left. The injured worker had decreased range of motion in flexion, extension, and bilateral bending. The motor strength was 4/5 in hip flexion and the extensor hallucis longus on the left. The straight leg raise was positive on the left. The physician documented the MRI of 10/01/2013 revealed a moderate disc height loss at L4-5 and L5-S1 with T2 signal change, a broad based disc bulge at L4-5 and L5-S1, annular tears at L4-5 and L5-S1, and at L4-5, there was bilateral severe lateral recess stenosis and it was mild at L5-S1. The injured worker underwent an x-ray of the lumbar spine, which revealed no instability and moderate disc height loss at L4-5 and L5-S1. The treatment plan included lumbar spine surgery. The diagnoses included L4-5 and L5-S1 disc degeneration/displacement, L4-5 stenosis, left leg radiculopathy, and right shoulder impingement syndrome. The official MRI read of 10/01/2013 revealed that at the level of L4-5, there was a 3.0 mm posterior broad based disc bulge with degenerative hypertrophic facet changes and ligamentum flavum hypertrophy. In combination

with posterior epidural lipomatosis, this narrowed the anterior/posterior thecal sac diameter to 7.0 mm. There was no severe central canal stenosis demonstrated. There was mild bilateral inferior neural foraminal narrowing. At L5-S1, there was a 2.0 mm disc bulge with degenerative hypertrophic facet changes. There was no significant central canal or neural foraminal stenosis demonstrated. This request was previously denied as the clinician's interpretation of the MRI differed from the radiologist's, which revealed no significant stenosis at L5-S1.

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

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

**L4/5 Bilateral Laminotomy Subtotal Foraminotomy, Transforaminal Lumbar Interbody Fusion, L5-S1 Transforaminal Lumbar Interbody Fusion, Posterior Spinal Instrumentation and Fusion L4-S1 Cage: 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 indicates 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. Additionally, there is no good evidence from controlled trials that spinal fusion alone is effective for treating any type of acute low back problem, in the absence of spinal fracture, dislocation, or spondylolisthesis if there is instability and motion in the segment operated on. Clinicians should consider referral for psychological screening to improve surgical outcomes. The clinical information submitted for review failed to provide documentation of an exhaustion of conservative care. Additionally, while it was noted there may have been some evidence for a discectomy and laminectomy, there was no clear indication for a fusion and as such, it is not medically necessary. Additionally, the physician's interpretation of the MRI differed from the radiologist's, which revealed no significant stenosis at L5-S1. However, the official report failed to support the physician's documentation. There was a lack of documentation of instability upon x-ray examination. Given the above, the request for L4/5 bilateral laminotomy subtotal foraminotomy, transforaminal lumbar interbody fusion, L5-S1 transforaminal lumbar interbody fusion, posterior spinal instrumentation and fusion L4-S1 cage is not medically necessary.

**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:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**4 Days In-Patient Stay:** 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:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.