

<b>Case Number:</b>	CM14-0201220		
<b>Date Assigned:</b>	12/11/2014	<b>Date of Injury:</b>	08/21/2013
<b>Decision Date:</b>	01/31/2015	<b>UR Denial Date:</b>	11/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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, has a subspecialty in Spine Surgery, and is licensed to practice in Georgia. 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 58 year old female was injured on 8/21/2013. The mechanism of injury involved heavy lifting. The injured worker had a diagnoses of spinal stenosis of the lumbar region. There was no documentation of prior conservative treatment. Magnetic resonance imaging (MRI) results dated 7/11/2014 and 10/13/2014 were submitted. Neurological surgeon notes from 6/5/2014 to 10/23/2014 were submitted. The 10/23/2014 note indicated that the worker continues to complain of low back, bilateral hip, leg pain, right side equal to left, radiating all the way down, and that she is also complaining that she is, at times, falling down because her legs give out. Physical examinations showed the injured worker was walking with a forward lurching gait and limping. Range of motion of the lumbar spine reduced to less than 50% of normal. Straight leg was negative. Muscle strength testing revealed that the injured worker had a 4/5 weakness in the tibialis anterior, extensor hallucis longus, and gastrocnemius areas bilaterally. Deep tendon reflexes are 1+ in the knees and absent in the ankle areas. The medical treatment plan is for the injured worker to undergo Lumbar fusion. The rationale and request for Authorization were not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**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.

**3 Days inpatient 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.

**Bilateral L4-5 and L5-S1 posterolateral fusion with pedicle screws, interbody fusion with cages and auto/allograft:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The request for bilateral L4-5 and L5-S1 posterolateral fusion with pedicle screws, interbody fusion with cages and auto/allograft is not medically necessary. The California MTUS/ACOEM Guidelines recommend surgery in instances of severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies, activity limitations due to radiating leg pain for more than 1 month, or extreme progression of lower leg symptoms, clear clinical imaging and electrophysiological evidence of a lesion that has been shown to be beneficial to short term or long term surgical repair, failure of conservative treatment to resolve the disabling radicular symptoms, and if surgical consideration, a referral for psychological screening is recommended. The submitted documentation indicated that the injured worker was status post L5-S1 lateral recess decompression on 03/19/2014, and there was no indication in the documents submitted for review of any conservative treatment prior to the request for an additional procedure. Physical examinations showed the injured worker was walking with a forward lurching gait and limping. Range of motion of the lumbar spine reduced to less than 50% of normal. Straight leg was negative. Muscle strength testing revealed that the injured worker had a 4/5 weakness in the tibialis anterior, extensor hallucis longus, and gastrocnemius areas bilaterally. Deep tendon reflexes are 1+ in the knees and absent in the ankle areas. There were no pain levels submitted for review rating the severity of the injured worker's pain. MRI of the lumbar spine obtained on 10/13/2014 revealed Mild facet hypertrophy from L3-L4 to L5-S1 with no definite inflammatory facet arthropathy. Mild disc narrowing, tiny posterior annular tear at L4-5, unchanged from prior exam. Mild bilateral foraminal narrowing persists at L4-5 and L5-S1 without definite neuropathic impingement. However, there was no indication that the injured

worker had completed a course of postoperative physical therapy, no severity of symptoms was submitted for review and a psychosocial screening was not provided. Given the above, the injured worker is not within the California MTUS/ACOEM recommended guideline criteria. As such, the request is not medically necessary.