

<b>Case Number:</b>	CM14-0202206		
<b>Date Assigned:</b>	12/12/2014	<b>Date of Injury:</b>	12/10/2007
<b>Decision Date:</b>	02/06/2015	<b>UR Denial Date:</b>	11/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2014

### 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 Minnesota. 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 68-year-old female with a reported date of injury of 12/10/2007. The mechanism of injury described was during a critical event training when she pulled a bed to remove a client out of the operating room and experienced low back pain. An MRI scan of the lumbar spine dated 11/3/2013 revealed mild ligamentum flavum hypertrophy at L3-4 with mild posterior disc bulge and mild central canal stenosis. At L4-5 there was severe disc space narrowing with desiccation and grade 1 spondylolisthesis. Moderate central canal stenosis was present. Mild right neural foraminal stenosis and no left neural foraminal stenosis. At L5-S1 there was no posterior disc bulge and no central canal or neural foraminal stenosis. The injured worker has had multiple invasive procedures including epidural steroid injections, sacroiliac joint injection on the right and medial branch blocks. She continues to have low back and bilateral lower extremity pain and paresthesias. The notes from 10/20/2014 indicate that she got relief for 3 months after the caudal epidural steroid injection of 5/7/2014. A request for lumbar spinal fusion L3-S1 including anterior lumbar interbody fusion and posterior spinal fusion with laminectomy at L4-5 was noncertified by utilization review on 11/3/2014 citing MTUS guidelines. In particular there was no psychological evaluation performed, and there was no evidence of compression or instability at the levels requested. Associated requests for a purchase of front wheeled walker, bedside commode and 3 day hospital stay as well as 12 postoperative physical therapy sessions were also noncertified. This has now been appealed to an independent medical review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L3-S1 ALIF PSF with laminectomy @ L4-L5: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Low Back Chapter: Lumbosacral Nerve Root Decompression/ Spinal Fusion

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305, 306, 307, 310.

**Decision rationale:** California MTUS guidelines do not recommend spinal fusion in the absence of fracture, dislocation, complications of tumor, or infection. (Table 12-8, page 310). For laminectomy/decompression, the guidelines require severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise, activity limitation due to radiating leg pain for more than one month or 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. The documentation provided does not include electrodiagnostic studies. The guidelines go on to state that for older patients the rate of complications is dramatically higher. There is no scientific evidence about the long-term effectiveness of any form of surgical decompression or fusion for degenerative lumbar spondylosis compared with natural history, placebo, or conservative treatment. There is no demonstrable evidence of instability at the 3 levels for which a spinal fusion is requested. There is no fracture, dislocation, complications of tumor, or infection present. Based upon the above, the guideline criteria have not been met, and as such, the medical necessity of the request for L3-S1 anterior and posterior fusions and laminectomy at L4-5 is not substantiated.

**3 days hospital 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.

**12 post-op Pt sessions: 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.

**Front wheeled walker:** 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.

**Bedside commode:** 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.