

<b>Case Number:</b>	CM15-0002450		
<b>Date Assigned:</b>	01/14/2015	<b>Date of Injury:</b>	08/05/2013
<b>Decision Date:</b>	03/13/2015	<b>UR Denial Date:</b>	12/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2015

### 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 57-year-old male who reported an injury on 08/05/2013. The mechanism of injury was not provided. On 07/22/2014, the injured worker presented with low back pain. Prior therapy included acupuncture, chiropractic treatment, heat treatment, ice treatment, physical therapy, and the use of a TENS unit. The injured worker admitted to being a tobacco user. Current medications include Percocet and Mobic. Examination of the lumbar spine revealed tenderness to palpation over the right paravertebral lumbar spine with spasm over the right thoracolumbar, right sacroiliac joint, and right buttock. He had a positive right sided straight leg raise. Diagnoses were postlaminectomy syndrome of the lumbar spine, ankle joint pain, internal derangement, and lumbosacral neuritis not otherwise specified. The provider recommended a lumbar decompression including laminectomy, discectomy, facetectomy, and foraminotomy at the L3 to S1 fusion with iliac crest bone graft and instruments including cages and pedicle screws.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Decompression Including Laminectomy, Discectomy, Facetectomy, Foraminotomy at L3-S1 Fusion with Iliac Crest Bone Graft and Instruments Including Cages and Pedical Screws: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ACOEM Low Back Disorders, Revised 2007 - pages 209-211 Official Disability Guidelines (ODG), [http://www.odg-twc.com/odgtwg/low\\_back.htm](http://www.odg-twc.com/odgtwg/low_back.htm)

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

**Decision rationale:** The California MTUS Guidelines state that spinal fusion is not recommended except in cases of trauma, related spinal fracture, or dislocation. Fusion of the spine is not usually considered for the first 3 months of symptoms. Injured workers with increased spinal instability after surgical decompression of the level of degenerative spondylolisthesis may be candidates for fusion. There is no scientific evidence for the long term effectiveness of any form of surgical decompression or fusion for degenerative lumbar spondylolisthesis compared with natural history, placebo, and conservative treatment. There is no information on previous courses of conservative treatment that the injured worker underwent. The provider noted that there was a history of physical therapy and epidural steroid injections. However, there was no evidence to support prior therapies, as they were prescribed by a different provider. The current provider recommended physical therapy and an epidural steroid injection. Without evidence of the injured worker having failed previous conservative therapy to include physical therapy, medications, and injections, surgical intervention would not be indicated. There is no instability noted upon physical examination, no evidence of activity limitation or progressing lower leg symptoms, or objective signs of neural compromise. The injured worker is also a smoker and there was no evidence of smoking cessation prior to the procedure. As such, medical necessity has not been established.

**Associated Surgical Services - Post Operative - EKG & Labs:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pre-Op Lab Tests:  
<http://medscape.com/medline/abstract/8441296> Medscape:  
<http://emedicine.medscape.com/article/285191-overview#a1> Official Disability Guidelines:  
<http://www.odg-twc.com/odgiwc/>

**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.

**Associated Surgical Services - Post Operative - Chest X-Ray:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pre-Op Lab Tests:  
<http://medscape.com/medline/abstract/8441296> Medscape:  
<http://emedicine.medscape.com/article/285191-overview#a1> Official Disability Guidelines:  
<http://www.odg-twc.com/odgiwc/>

**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.

**Associated Surgical Services - Post Operative - Lumbar X-Ray:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pre-Op Lab Tests:

<http://medscape.com/medline/abstract/8441296>Medscape:

<http://emedicine.medscape.com/article/285191-overview#a1>Official Disability Guidelines:

<http://www.odg-twc.com/odgiwc/>

**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.

**Associated Surgical Services - Post Operative - Lumbar MRI:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pre-Op Lab Tests:

<http://medscape.com/medline/abstract/8441296>Medscape:

<http://emedicine.medscape.com/article/285191-overview#a1>Official Disability Guidelines:

<http://www.odg-twc.com/odgiwc/>

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

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