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| <b>Case Number:</b>   | CM15-0208663 |                              |            |
| <b>Date Assigned:</b> | 10/27/2015   | <b>Date of Injury:</b>       | 01/13/2010 |
| <b>Decision Date:</b> | 12/11/2015   | <b>UR Denial Date:</b>       | 09/30/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/23/2015 |

### 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: New York, Montana, California  
Certification(s)/Specialty: Neurological 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 59 year old female who sustained an industrial injury 01-13-10. A review of the medical records reveals the injured worker is undergoing treatment for degenerative disc disease L3-S1, grade 1 listhesis at L3-S1, lumbar stenosis at L4-05, and L405 radiculopathy. Medical records (07-30-15) reveal the injured worker complains of lower back pain rated at 6/10. The physical exam (07-30-15) reveals 4/5 weakness of the left leg, and decreased sensation of the left anterior lower leg. Prior treatment includes medications, knee replacement, rest, exercise, chiropractic treatments, and physical therapy. The original utilization review (09-30-15) non certified the request for L4-5 laminectomy, facetectomy, and fusion and associated services.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L4-5 decompressive laminectomy and facetectomy with posterior lumbar interbody fusion with cages, pedicle screws and posterolateral fusion with fluoroscopy: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (updated 9/22/15) Fusion (spinal).

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations.

**Decision rationale:** California MTUS guidelines do recommend spinal fusion for fracture, dislocation and instability. Documentation does not provide evidence of these conditions. The California MTUS guidelines do recommend lumbar surgery if there is clear clinical, electrophysiological and imaging evidence of specific nerve root or spinal cord level of impingement which would correlate with severe, persistent debilitating lower extremity pain unresponsive to conservative management. Documentation does not provide this evidence. The requested treatment: L4-5 decompressive laminectomy and facetectomy with posterior lumbar interbody fusion with cages, pedicle screws and posterolateral fusion with fluoroscopy is not medically necessary and appropriate.

**Associated surgical service: Assistant surgeon:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (updated 9/22/15) Surgical assistant.

**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.

**Pre-op clearance/medical clearance:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.guideline.gov/content.aspx?id=48408> Perioperative protocol.

**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 service: Back brace:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (updated 9/22/15) Back brace, post operative (fusion).

**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.

**Post-op physical therapy 3x a week for 6 weeks, lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): Low Back.

**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.