

<b>Case Number:</b>	CM15-0020139		
<b>Date Assigned:</b>	03/17/2015	<b>Date of Injury:</b>	12/05/2011
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	01/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2015

### 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  
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 60 year old female, who sustained an industrial injury on 12/05/2011. She has reported subsequent back and lower extremity pain and was diagnosed with lumbar scoliosis, lumbar stenosis, lateral impingement at L4-L5 and L5-S1 and left leg radiculopathy. Treatment to date has included oral and injectable pain medication and physical therapy. In a progress note dated 12/08/2014, the injured worker complained of low back pain radiating to the left lower extremity. Objective physical examination findings were notable for diffuse tenderness in the lumbosacral junction and lower back with restricted range of motion of the lumbar spine, mildly positive straight leg raise on the left and numbness in the L5 distribution across the lateral part of her left calf and foot. The physician noted that the injured worker had evidence of spinal instability associated with laterolisthesis and scoliosis at L4-L5 and L5-S1 and that an anterior discectomy and fusion of these spinal segments was recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Anterior/posterior laminectomy with fusion instrumentation L4-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305 and 307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Patient Selection Criteria for Lumbar Spinal Fusion.

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

**Decision rationale:** The California MTUS guidelines recommend spinal fusion for traumatic fractures, dislocation and instability. The patient's imaging studies note no spondylolisthesis but state a tendency to a listhesis to the left. Documentation does not meet the MTUS recommendation for clear imaging evidence to support the findings of a lesion which is known to respond both in the short and long-term to surgical repair. Moreover, documentation does not provide evidence of the patient's response to an exercise and medication program, which would fulfill conservative treatment criteria. The requested treatment: Anterior/posterior laminectomy with fusion instrumentation L4-S1 is not medically necessary and appropriate.

**Three day inpatient hospital stay:** 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).

**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.

**Vascular 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.

**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.

**Associated Surgical Service: Spinal cord monitoring:** 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.

**Associated Surgical Service: History & physical:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Harrison's Textbook of Medicine, Washington Manual of Medical Therapeutics.

**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.

**Preoperative labs (CBC with diff, CMP, PT, PTT, UA):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Harrison's Textbook of Medicine, Washington Manual of Medical Therapeutics.

**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: Chest x-ray:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Harrison's Textbook of Medicine, Washington Manual of Medical Therapeutics.

**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: EKG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Harrison's Textbook of Medicine, Washington Manual of Medical Therapeutics.

**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: LSO 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), Lumbar Supports.

**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.