

<b>Case Number:</b>	CM15-0050120		
<b>Date Assigned:</b>	03/23/2015	<b>Date of Injury:</b>	08/19/2012
<b>Decision Date:</b>	05/11/2015	<b>UR Denial Date:</b>	03/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/16/2015

### 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 45-year-old female who reported injury on 08/19/2012. The mechanism of injury was the injured worker was helping raise a patient to the head of the bed and hurt her back. Prior therapies included a trial of physical therapy, chiropractic treatment, acupuncture, and 2 sets of epidural steroid injections as well as an SI joint injection. The documentation of 12/04/2014 revealed the injured worker had pain in the low back radiating down the bilateral legs down to the feet and sometimes radiating down to the heel and big toe in L5 distribution. The medications included Cyclobenzaprine, Trazodone, Tramadol, and Sertraline. The physical examination revealed increased pain with flexion and extension. The injured worker's neurologic examination revealed decreased sensation at the left L4, L5 and S1 distribution. The injured worker had a positive straight leg raise in the bilateral lower extremities. The X-rays revealed a significant rotation and malalignment between L5 and S1 where the spinous process was offline between S1 and L5. There was tilting at L4. There was significant compression on the right side of the back. On lateral view, the injured worker had foraminal narrowing at L4-5 that was moderately severe and very severe at L5-S1. The documentation indicated they were awaiting the report for the MRI; however, the physician's MRI revealed narrowing of the foramen, particularly on the left side at L5-S1 and there was a disc bulge and lateral recess stenosis at L4-5. The treatment plan included a laminectomy and posterior spinal fusion with instrumentation and PLIF from L4-S1. The physician documented they would request an EMG of the bilateral lower extremities to rule out nerve damage. The injured worker underwent nerve conduction studies on 01/12/2015 when she revealed an abnormal study. There were electrodiagnostic

findings suggestive of a possible right lumbosacral radiculopathy. There was increased incisional activity at the right lower lumbosacral paraspinal level with a nonspecific finding; however, the physician indicated it can be seen in conjunction with denervation and it was suggesting a possible lumbosacral radiculopathy. There was no electrodiagnostic evidence of entrapment neuropathy, lumbosacral plexopathy or generalized plexopathy.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Laminectomy posterior spinal fusion with instrumentation post lateral interbody fusion at L4-5, L5-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

**Decision rationale:** The American College of Occupational and Environmental Medicine indicate a surgical consultation may be appropriate for injured workers who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies preferably with accompanying objective signs of neural compromise. There should be documentation of activity limitations due to radiating leg pain for more than 1 month or the 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 and documentation of a failure of conservative treatment to resolve disabling radicular symptoms. Additionally, there is no good evidence from controlled trials that spinal fusion alone is effective for treating any type of acute low back problem, in the absence of spinal fracture, dislocation, or spondylolisthesis if there is instability and motion in the segment operated on. Clinicians should consider referral for psychological screening to improve surgical outcomes. There would be no need for electrodiagnostic studies to support a fusion. The injured worker had objective findings upon physical examination. The clinical documentation submitted for review indicated the injured worker had a trial of conservative care. However, the duration of trial was not provided. There was a lack of documentation of a psychological screening. There was no MRI submitted for review. There was a lack of documentation of exceptional factors. There was noted to be significant rotation and malalignment; however, there was a lack of spinal instability per X-ray. Given the above, the request for Laminectomy posterior spinal fusion with instrumentation post lateral interbody fusion at L4-5, L5-S1 is not medically necessary.

**Associated surgical service: 5 day 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.

**Associated surgical service: 3 in 1 commode & front wheel 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.

**Associated surgical service: custom molded TSLO brace purchase:** 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.