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| <b>Case Number:</b>   | CM14-0129234 |                              |            |
| <b>Date Assigned:</b> | 09/05/2014   | <b>Date of Injury:</b>       | 02/27/2013 |
| <b>Decision Date:</b> | 10/10/2014   | <b>UR Denial Date:</b>       | 07/16/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/13/2014 |

### 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 Neurological Surgery and is licensed to practice in California. 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 records presented for review indicate that this 57-year-old female was reportedly injured on February 27, 2013. The most recent progress note, dated June 26, 2014, indicates that there are ongoing complaints of low back pain rated the right leg. The physical examination demonstrated pain with range of motion of the lumbar spine and decreased sensation at the right L5 and left L4 nerve root distributions. There was a positive right-sided straight leg raise test. Diagnostic imaging studies of the lumbar spine shows a list eases of L4 on L5 and L5 on S1. There is also a loss of disc height at these levels. Previous treatment was not discussed. A request had been made for a laminectomy and fusion of L4 - L5 and L5 - S1 and possibly L3 - L4, a five day inpatient hospital stay, and a custom molded TLSO brace and was not certified in the pre-authorization process on July 16, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Laminectomy, posterior spinal fusion w/instrumentation, post-lateral interbody fusion from L4-L5 to L5-S1, possibly L3-L4: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental

Medicine (ACOEM), 2nd Edition, (2004) ACOEM - California Guidelines; Low Back Disorders: Clinical Measures; Surgical Considerations - Spinal Fusion (electronically cited).; Official Disability Guidelines (ODG), Low Back - Lumbar and Thoracic, Fusion, Updated August 22, 2014.

**Decision rationale:** According to the Official Disability Guidelines the criteria for lumbar spinal fusion includes x-rays demonstrating spinal instability. While the plain radiographs on the injured employee revealed a spondylolisthesis, there is no objective findings of instability with flexion and extension radiographs. As such, this request for a Laminectomy and Posterior Spinal Fusion with instrumentation at L4-L5 and L5-S1 and possibly L3-L4 is not medically necessary.

**5 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), Low back chapter, Hospital length of stay (LOS)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar and Thoracic, Updated August 22, 2014.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Custom molded TLSO brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar and Thoracic, Lumbar Support, Updated August 22, 2014.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.