

<b>Case Number:</b>	CM14-0165435		
<b>Date Assigned:</b>	10/10/2014	<b>Date of Injury:</b>	02/17/2000
<b>Decision Date:</b>	11/12/2014	<b>UR Denial Date:</b>	07/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2014

### 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 Orthopedic Spine Surgeon and is licensed to practice in Texas. 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 injured worker is a 47-year-old male who reported injury on 02/17/2000. The mechanism of injury was not provided. The medications were not provided. The injured worker underwent an anteroposterior surgery in 2003. In 2005, the injured worker underwent a removal of the implants. The injured worker underwent a revision of the posterior surgery with implants at L3 through S1 posteriorly in 10/2012. The injured worker required a revision of the implants 2 days after surgery without improvement of back pain; however, had improvement of right leg pain. The injured worker underwent an x-ray of the lumbar spine, CT scan of the lumbar spine, and EMG/NCV of the bilateral upper extremities and lower extremities on 02/26/2014. The EMG/NCV revealed L5-S1 radiculopathy, suggesting nerve irritation and/or mild radiculopathy on the left at L4-5. Prior treatments included epidural steroid injections. The injured worker underwent CT scan of the lumbar spine with contrast on 02/24/2014, which revealed mild central canal with foraminal encroachment, demonstrated surgical fusion hardware. There was a right S1 pedicle screw that did pass through a portion of the right S1 foramen and nearby central canal without overt mass effect upon adjacent elements. There was a Request for Authorization submitted 08/08/2014 for a posterior decompression at L2-3 and L5-S1. The documentation of 07/07/2014 revealed the injured worker had diagnostic injections on the lumbar segment in the right side. The physical examination revealed the injured worker had neurologic functions that remained unchanged, with iliopsoas at L4-5 and sensory deficits in the L2-3 dermatome. The physician opined the injured worker would benefit from nerve root decompression and exploration at L5-S1 and a decompression at L2-3. The injured worker underwent an x-ray of lumbar spine on 01/24/2014, which revealed the injured worker was status post anteroposterior fusion at L3-S1 with left sided iliac bulge. There was no radiologic evidence for hardware failure. The posterior decompression at L4 and L5 had a moderate amount of lateral mass bone

grafting. There was a mild indistinctness of the inferior SI joints. The documentation of 08/04/2014 revealed the injured worker had radicular symptoms in the right lower extremity, calf distally to the feet. The pain was noted in the S1 dermatomal distribution. The injured worker had associated motor changes in the iliopsoas muscle group at L4-5. There were associated sensory changes at L2-3. There was no rationale or Request for Authorization submitted to support the request.

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

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

**Posterior decompression at L2-L3, L5-S1 levels:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305. Decision based on Non-MTUS Citation ODG, Indications for Surgery

**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 indicates 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. The clinical information submitted for review failed to provide documentation of prior therapies. There was a lack of documentation of imaging studies to support radiculopathy. There was no official MRI for review. Additionally, the electrodiagnostic study failed to provide documentation of radiculopathy at the level of L2-3 and L5-S1. Given the above, the request for a posterior decompression at L2-3 and L5-S1 is not medically necessary.