

<b>Case Number:</b>	CM14-0080682		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	05/30/2010
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	05/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2014

### 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 Surgery 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 56-year-old female who reported an injury on 05/30/2010. The mechanism of injury was cumulative trauma. She is diagnosed with multilevel degenerative disc disease of the lumbar spine. Her past treatments were noted to include psychological care, to include medications and group therapy, medications, 1 lumbar epidural steroid injection, and physical therapy. An MRI of the lumbar spine was performed on 01/20/2014, and was noted to reveal mild right lateral recess narrowing at L4-5 and mild bilateral lateral recess narrowing at L5-S1 due to a combination of degenerative disc disease, facet arthropathy, and ligamentum flavum redundancy, which caused mild effacement of the transiting right L5 and bilateral S1 nerve roots. On 04/10/2014, the injured worker presented with complaints of low back pain with radiating pain into her left lower extremity, rated 8/10. Her physical examination was noted to reveal normal toe and heel walking, decreased sensation in L4 and L5 dermatomal distribution on the right, normal deep tendon reflexes bilaterally, normal motor strength bilaterally, and negative straight leg raising bilaterally. The treatment plan included surgical intervention with an anterior lumbar interbody fusion at L4-5 and L5-S1, followed by a posterolateral fusion at L4-5 and L5-S1 with internal fixation, as well as a right sided L4-5 and L5-S1 decompression to relieve radiculopathy. The Request for Authorization form was submitted on 04/10/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L4-L5 and L5-S1 Anterior Lumbar Interbody Fusion with Cage and Allograft, Posterolateral Fusion with Screws and Allograft and Right Decompression Between 5/12/14 and 6/26/14: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (Online Edition); Low Back-Lumbar and Thoracic Fusion Chapter: Discectomy/Laminectomy - Indications for Surgery Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**Decision rationale:** According to the California MTUS/ACOEM Guidelines, surgery for spinal conditions may be considered when serious spinal pathology or nerve root dysfunction has been unresponsive to at least 3 months of conservative therapy, and is obviously due to a herniated disc. The guidelines further state that there should be evidence of severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies and objective findings; there are activity limitations due to radiating pain for more than 1 month, or extreme progression of lower leg symptoms; there is clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the long and short-term from surgical repair; and there has been failure of conservative treatment to resolve disabling radicular symptoms. The guidelines also specify that a psychological screening should be considered to improve surgical outcomes. In regard to the fusion, the guidelines state that fusion may only be considered for patients with increased spinal instability after surgical decompression at the level of degenerative spondylolisthesis, when there is fracture, dislocation, or spondylolisthesis, with instability and motion in a segment operated on. The clinical information submitted for review failed to provide clear documentation showing that the injured worker had failed all conservative options to date. Additionally, her recent MRI revealed only mild lateral recess narrowing and effacement of the transiting right L5 and bilateral S1 nerve roots, with no evidence of spondylolisthesis. Her physical examination revealed negative straight leg raising bilaterally and normal neurological findings in the left lower extremity with only decreased sensation in the L4 and L5 dermatomes on the right side. However, her symptoms were noted to be radiating pain only into the left leg. Therefore, as her symptoms were in the left leg, her only neurological deficit was decreased sensation in the right leg, and her MRI revealed only mild abnormalities. The surgical intervention is not supported, as there is not clear correlation of symptoms, physical examination findings, and diagnostic testing results. Furthermore, in the absence of documentation showing evidence of a previous decompression at the requested levels with spondylolisthesis, fracture, dislocation, or other signs of instability, the fusion would also not be supported. Furthermore, the documentation did not indicate that the injured worker had been cleared psychologically for the requested procedure. For the reasons noted above, the requested surgical intervention is not medical necessary.

**2 Days Inpatient Hospital Stay Between 5/14/14 and 6/28/14: 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.