

<b>Case Number:</b>	CM15-0019763		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	06/29/2010
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	12/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/02/2015

### 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: Minnesota, Florida  
 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 47-year-old male with a history of lumbar fusion with pedicle screws at L4-5. The date of surgery is not reported. He was complaining of ongoing low back pain with radiation down the left lower extremity. There was tenderness reported over the hardware. On examination range of motion was limited by pain and straight leg raising was positive on the left. There was no sensory deficit. There was difficulty with heel/toe walking on the left. Lower extremities motor strength was 5/5 except for knee extensors which were graded 4/5. Deep tendon reflexes were 2/4 bilaterally. A CT scan of the lumbar spine was performed on 11/12/2014. Per radiology report "at L4-5 there is an anterior and posterolateral fusion with pedicular screws and stabilizing rods. There is no canal or significant foraminal stenosis. There is mild foraminal narrowing from hypertrophic bone extending into the inferior aspect of the neural foramen without nerve root impingement. These findings are unchanged. At L3-4 there is mild disc bulge and facet hypertrophy without canal foraminal stenosis. Please note L5 is labeled a transitional lumbosacral segment". The alignment was reported to be anatomic except for minimal scoliosis. A hardware block was performed and there was significant relief of pain. Utilization review certified removal of hardware and a foraminotomy at L4-5 on the left but noncertified a request for osteotomy at L4-5 on the left. Medical clearance was also noncertified. The IMR is requested for an L4-5 osteotomy on the left and medical clearance.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Osteotomy of L4-L5:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low-Back,Discectomy/laminectomy

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

**Decision rationale:** The documentation submitted does not indicate a need for osteotomy at L4-5 on the left. The CT report of November 2014 is noted. The CT scan documents a solid fusion at L4-5. There is no canal or significant foraminal stenosis. The report indicates mild foraminal narrowing from hypertrophic bone extending into the inferior aspect of the neural foramen without nerve root impingement. Foraminotomy at L4-5 on the left has been certified along with removal of the pedicle screws and rods. Removal of any hypertrophic bone will be a part of the foraminotomy. There is no clear clinical,or imaging evidence of a lesion that needs additional surgery such as an osteotomy. Therefore medical necessity of an osteotomy is not established.

**Pre-Op Medical Clearance:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [guideline.gov/content.aspx](http://guideline.gov/content.aspx)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Section: Low back, Topic: Preoperative testing, general.,Office visits.

**Decision rationale:** The ODG guidelines recommend a thorough history and physical examination to determine co-morbidities. In the presence of such co-morbidities office consultations with other medical providers may be indicated and additional testing may be necessary. In light of the age and history of chronic pain necessitating medical management as well as the history of hypertension, preoperative medical clearance is appropriate and as such, the medical necessity is established.