

<b>Case Number:</b>	CM15-0073378		
<b>Date Assigned:</b>	04/24/2015	<b>Date of Injury:</b>	12/03/2008
<b>Decision Date:</b>	06/03/2015	<b>UR Denial Date:</b>	03/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2015

### 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 35-year-old male with a date of injury of December 3, 2008. He jumped off a harvester machine injuring his lower back. Diagnoses include lumbar degenerative disc disease, status post right L4 hemilaminectomy with excision of large herniated disc, and postlaminectomy syndrome. Per pain management note of January 27, 2015 there was low back pain radiating down the right leg. There was decreased lumbar range of motion and positive straight leg raising on the right. An MRI scan of the lumbar spine dated 2/11/2015 revealed the following impression: 1. Status post L4 right hemilaminectomy with expected postoperative changes. Right paracentral annular bulge. Suggest correlation with prior imaging to assess any changes. 2. Fusiform narrowing of the lumbar central canal from L3-4 distally suggestive of underlying congenital central canal stenosis. 3. L3-4 mild degenerative disc disease. In the body of the report, the radiologist states L4-5: Patient has undergone a right hemilaminectomy at L4. The disk shows mild/moderate loss of height with moderately decreased T2 signal from chronic desiccation. A broad-based posterior annular bulge is demonstrated having a more prominent component in the right lateral recess and neural foramen. The more prominent portion of the bulging annulus projects 4 mm posteriorly. This results in mild narrowing of the right lateral recess without significant narrowing of the neural foramen. Left neural foramen is patent. The central canal measures 8 mm AP at midline. The right side of the epidural space at this level shows mild enhancement favoring postoperative granulation. The superficial soft tissues overlying the operative site showed expected postoperative changes. No organized fluid collections. The treatment plan included re-do laminectomy at L4-5 and anterior interbody

fusion with a 5 day inpatient hospital stay. The request was non-certified by utilization review citing CA MTUS and ODG guidelines. This is now appealed to an independent medical review.

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

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

**Re-do laminectomy at L4-5 and anterior interbody fusion at L4-5 with fixation x 5 days:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307, 310.

**Decision rationale:** With regard to the request for an anterior interbody fusion at L4-5 with fixation, California MTUS guidelines indicate patients with increased spinal instability after surgical decompression at the level of degenerative spondylolisthesis may be candidates for fusion. There is no scientific evidence about the long-term effectiveness of any form of surgical decompression or fusion for degenerative lumbar spondylosis compared with natural history, placebo, or conservative treatment. 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. The documentation provided does not indicate the presence of instability at L4-5. Flexion/Extension films have not been submitted. Spinal fusion is not recommended by guidelines in the absence of fracture, dislocation, complications of tumor, or infection. As such, the request for anterior lumbar interbody fusion at L4-5 with fixation is not supported and the medical necessity of the request has not been substantiated. Therefore, the request is not medically necessary.