

<b>Case Number:</b>	CM13-0005258		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	03/02/2011
<b>Decision Date:</b>	07/30/2014	<b>UR Denial Date:</b>	07/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/01/2013

### 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 Surgery, has a subspecialty in Fellowship trained in Spine 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 injured worker is a 56-year-old female who reported an injury on 03/02/2011. The mechanism of injury was the injured worker was checking a gravesite and 1 of the graves had sunk and the injured worker fell approximately 1 foot deep. The injured worker underwent an MRI of the lumbar spine on 06/17/2013 which revealed at the level of L4-5; there was trace posterior disc spur complex without central stenosis or foraminal narrowing; and at the level of L5-S1, there was a disc spur complex associated with severe degenerative disc disease. This was causing moderate bilateral foraminal stenosis and mild central stenosis. Facet hypertrophy was relatively mild. There was no central canal stenosis. The injured worker underwent x-rays of the lumbar spine on 05/07/2013 which revealed a severe collapse of L4-5 and L5-S1. The proximal discs were normal. There was foraminal stenosis. The injured worker was treated with medications and physical therapy. The documentation indicated the injured worker had electrodiagnostic studies showing some peripheral neuropathy but no upper extremity neuropathy. The documentation of 05/07/2013 revealed the injured worker had cervical kyphosis and spinal cord compression and the injured worker was gradually recovering from anterior cervical discectomy and fusion on 11/02/2012. The documentation indicated the physician was revisiting treatment for the low back. The injured worker was diffusely tender and uncomfortable with palpation of the low back. The injured worker had weakness of the TA, EHL, and gastric graded 4+/5. The injured worker reported pain during strength testing maneuvers. The injured worker reported tingling and dysesthesia following the L5 and S1 bilaterally. The straight leg raise reproduced back pain and pain towards the hamstring and lateral foot. There was no lower extremity swelling or calf tenderness. The treatment plan included given the significant collapse of the lumbar discs with general weakness of the TA, EHL, and gastric with activity and pain, the injured worker should have a surgical stabilization and decompression from L4-S1, which

would be combined with anterior lumbar interbody fusion with minimally invasive posterior surgical instrumentation and fusion.

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

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

**L4--L5, S1 Anterior Lumbar Interbody Fusion, Interbody/Allograft, then MIS PSF L4-S1:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 305-307.

**Decision rationale:** The California MTUS/ACOEM Guidelines indicate that surgical consultations are appropriate for injured workers who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging, preferably with objective signs of neural compromise. There should be documentation of activity limitations due to radiating leg pain for more than 1 month or extreme progression of lower leg symptoms. There should be documentation of clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair. There should be documentation of a failure of conservative treatment to resolve disabling radicular symptoms. The clinical documentation submitted for review indicated the injured worker had clear clinical and MRI findings. However, there was a lack of documentation of electrophysiologic evidence of a lesion. There was a lack of documentation of a failure of conservative treatment. Per ACOEM Guidelines, there was no good evidence from control trials that spinal fusion alone is effective for treating any type of acute low back problems in the absence of spinal fracture, dislocations, of spondylolithesis if there is instability in motion in the segment operated on. The clinical documentation submitted for review failed to provide there was instability or spondylolithesis. Given the above, the request for L4-S1 anterior lumbar interbody fusion, interbody/allograft, then MIS PSF L4-S1 is not medically necessary.

**Five (5) Day Hospital Stay:** 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.

**Assistant PA and Assistant Surgeon [REDACTED] for Anterior Exposure Approach:** 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:** As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported

**Home Physical Therapy for two weeks Post -Op:** 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.

**Home Health Aide for two weeks Post Op:** 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.