

<b>Case Number:</b>	CM14-0002525		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	06/02/2010
<b>Decision Date:</b>	06/16/2014	<b>UR Denial Date:</b>	12/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2014

### 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 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:

According to the records made available for review, this is a 35-year-old male with a 6/2/10 date of injury. At the time (12/20/13) of request for authorization for anterior discectomy and fusion L5-S1, there is documentation of subjective (persistent back and leg pain which is not resolving) and objective (neurological status unchanged, lumbar spine range of motion painful) findings, imaging findings (L/S MRI (4/24/13) report revealed slight progression of changes at L5-S1, with increasing neural foraminal stenosis, left greater than right, and increased prominence to right subarticular zone disc protrusion now up to 3 mm, there is contact to the traversing S1 root without impingement or displacement; there is no mild to moderate neural foraminal stenosis), current diagnoses (lumbar disc desiccation L5-S1), and treatment to date (ESI, PT, medications, and activity modification).

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ANTERIOR DISCECTOMY AND FUSION L5-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 305-307. Decision based on Non-MTUS Citation ODG (Low Back Chapter),

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** ACOEM Guidelines identify documentation of severe and disabling lower leg symptoms in the distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise; Activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms; Failure of conservative treatment; and an indication for fusion (instability or a statement that decompression will create surgically induced instability), as criteria necessary to support the medical necessity of laminotomy/fusion. The ODG identifies documentation of symptoms/findings which confirm presence of radiculopathy, objective findings that correlate with symptoms and imaging findings in concordance between radicular findings on radiologic evaluation and physical exam findings, as criteria necessary to support the medical necessity of decompression/laminotomy. Within the medical information available for review, there is documentation of diagnosis of lumbar disc desiccation L5-S1. In addition, there is documentaiton of failure of conservative treatment and imging studies consistent with radiculopathy. However, despite non-specific documentation of persistent back and leg pain, there is no specific (to a nerve root distribution) documentation of symptoms/findings which confirm the presence of radiculopathy. In addition, there is no documentation of an indication for fusion (instability or a statement that decompression will create surgically induced instability). Therefore, based on guidelines and a review of the evidence, the request for anterior discectomy and fusion L5-S1 is not medically necessary and appropriate.