

<b>Case Number:</b>	CM14-0013577		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	09/17/2007
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	01/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2014

### 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 Pennsylvania. 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 claimant is a 54-year-old female who sustained an injury to the low back on September 17, 2007. The clinical records provided for review document that since the time of the injury, the claimant has been treated conservatively. The report of lumbar radiographs from December 3, 2013 demonstrated advanced degenerative disc space loss at L5-S1 with no evidence of instability noted on flexion/extension views. The report of an MRI scan from 2013 also demonstrated multilevel degenerative changes with advanced changes at L5-S, foraminal narrowing and significant low of disc height. The clinical report from December 10, 2013 revealed continued lower extremity radicular complaints and low back pain. Physical examination findings on that date showed 4/5 strength to the EHL and tibialis anterior with negative straight leg raising. No sensory or reflexive changes were documented. Sensation examination was noted to be normal. Based on failed conservative measures, an L5-S1 lumbar fusion procedure was recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ALIF L5-S1, with iliac crest bone autograph:** 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): 307.

**Decision rationale:** Based on California ACOEM Guidelines, the request for anterior lumbar interbody lumbar fusion at the L5-S1 level with autograft would not be indicated. While the claimant is noted to have degenerative changes at the L5-S1 level, there is no documentation of true instability to support the role of fusion procedure. ACOEM Guidelines state that 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. Without documentation of segmental instability or progressive neurologic dysfunction, spinal fracture or dislocation, the surgical process in question would not be supported by ACOEM Guidelines. Therefore, the request for ALIF L5-S1, with iliac crest bone autograph is not medically necessary and appropriate.

**Assistant vascular surgeon:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Milliman Care Guidelines 18th edition: assistant surgeon

**Decision rationale:** The request for anterior lumbar interbody lumbar fusion at the L5-S1 level with autograft is not recommended as medically necessary. Therefore, the request for the assistance of a vascular surgeon is also not medically necessary.

**Pre-op medical clearance:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004); Chapter 7 Independent Medical Examinations and Consultations, page 127

**Decision rationale:** The request for anterior lumbar interbody lumbar fusion at the L5-S1 level with autograft is not recommended as medically necessary. Therefore, the request for preoperative medical clearance is also not medically necessary.