

<b>Case Number:</b>	CM14-0015802		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	09/09/2009
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	01/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/07/2014

### 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, has a subspecialty in Spine Fellowship 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 40-year-old male with a 9/9/09 date of injury. At the time (1/30/14) of request for authorization for L4-S1 posterior spinal fusion with L4-5, L5-S1 interbody fusion, 2 day hospital stay, and pre-op labs, chest x-ray and EKG, there is documentation of subjective findings including significant difficulties with pain radiating down to the buttocks, denies any specific radiculopathy. The reported imaging findings included a discogram which revealed L3-4 was a control with a normal nucleogram, L4-5 and L5-S1 there was significant increase in pain. The patient's current diagnoses include L4-5, L5-S1 advanced degenerative disc disease, confirmed by discography. The patient's treatment to date includes medications, psychotherapy, physical therapy, and epidural injections. There is no documentation of an indication for fusion (instability OR a statement that decompression will create surgically induced instability).

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **L4-S1 POSTERIOR SPINAL FUSION WITH L4-5, L5-S1 INTERBODY FUSION:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**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:** The MTUS reference to ACOEM identifies 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. Within the medical information available for review, there is documentation of diagnoses of L4-5, L5-S1 advanced degenerative disc disease, confirmed by discography. However, 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 L4-S1 posterior spinal fusion with L4-5, L5-S1 interbody fusion is not medically necessary.

**2 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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Hospital Length of Stay (LOS).

**Decision rationale:** The MTUS does not address the issue. ODG identifies hospital LOS for up to 4 days in the management of lumbar fusion. Within the medical information available for review, there is documentation of diagnoses of L4-5, L5-S1 advanced degenerative disc disease, confirmed by discography. However, there is no documentation of a pending surgery that is medically necessary. Therefore, based on guidelines and a review of the evidence, the request for 2 day hospital stay is not medically necessary.

**PREOP, LABS, CHEST XRAY AND EKG:** 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 Official Disability Guidelines (ODG), Low Back Chapter, Preoperative Lab Testin.

**Decision rationale:** MTUS does not address this issue. ODG identifies that preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. Within the medical information available for review, there is documentation of diagnoses of L4-5, L5-S1 advanced degenerative disc disease, confirmed by discography. However, there is no documentation of a pending surgery that is medically

necessary. Therefore, based on guidelines and a review of the evidence, the request for pre-op labs, chest x-ray and EKG is not medically necessary.