

<b>Case Number:</b>	CM14-0154805		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	04/19/2012
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	09/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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 with a 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 50-year-old male with a 4/19/12 date of injury, and L5-S1 laminectomy on 11/20/13. At the time (7/22/14) of request for authorization for Anterior and Posterior Lumbar Fusion with Instrumentation and 2 day LOS, there is documentation of subjective (continuous low back pain) and objective (limited range of motion) findings, imaging findings (reported MRI of the lumbar spine (7/26/13) revealed slight progression of multifactorial changes at L5-S1 now with mild left neural foraminal narrowing and a central and left paracentral disc protrusion/annular tear that extends up to 3.2 mm posteriorly at L5-S1 with mild facet hypertrophy without central canal or lateral recess stenosis; report not available for review), current diagnoses (lumbar disc herniation, lumbar disc degeneration, chronic low back pain, and radiculopathy), and treatment to date (medication, physical therapy, and epidural steroid injections). Medical report identifies that the requested lumbar fusion is at L5/S1 level. Regarding Anterior and Posterior Lumbar Fusion, there is no documentation of severe and disabling lower leg symptoms in the distribution consistent with accompanying objective signs of neural compromise and an indication for fusion (instability or a statement that decompression will create surgically induced instability; and imaging report with findings (nerve root compression or moderate or greater central canal, lateral recess, or neural foraminal stenosis) in concordance with physical exam findings.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Anterior and Posterior Lumbar Fusion with Instrumentation: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back Chapter: Fusion (spinal); Pre-operative Surgical Indications..

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

**Decision rationale:** The MTUS/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 Official Disability Guidelines identifies documentation of Symptoms/Findings (pain, numbness or tingling in a nerve root distribution) which confirm presence of radiculopathy, objective findings (sensory changes, motor changes, or reflex changes (if reflex present)) that correlate with symptoms, and imaging findings (nerve root compression or moderate or greater central canal, lateral recess, or neural foraminal stenosis) in concordance between radicular findings on radiologic evaluation and physical exam findings, as criteria necessary to support the medical necessity of decompression. Within the medical information available for review, there is documentation of diagnoses of lumbar disc herniation, lumbar disc degeneration, chronic low back pain, and radiculopathy. In addition, there is documentation of failure of conservative treatment (medications, physical therapy, and epidural steroid injections), However, despite documentation of subjective (continuous low back pain), and objective (limited range of motion) findings, there is no documentation of severe and disabling lower leg symptoms in the distribution consistent with accompanying objective signs of neural compromise. In addition, there is no documentation of an indication for fusion (instability or a statement that decompression will create surgically induced instability). Furthermore, despite documentation of medical reports' reported imaging findings (slight progression of multifactorial changes at L5-S1 now with mild left neural foraminal narrowing and a central and left paracentral disc protrusion/annular tear that extends up to 3.2 mm posteriorly at L5-S1 with mild facet hypertrophy), there is no documentation of an imaging report with findings (nerve root compression or moderate or greater central canal, lateral recess, or neural foraminal stenosis) in concordance with physical exam findings. Therefore, based on guidelines and a review of the evidence, the request for Anterior and Posterior Lumbar Fusion with Instrumentation is not medically necessary.

**2 day length of 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.