

<b>Case Number:</b>	CM14-0170383		
<b>Date Assigned:</b>	10/20/2014	<b>Date of Injury:</b>	09/10/1996
<b>Decision Date:</b>	11/20/2014	<b>UR Denial Date:</b>	09/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2014

### 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 Spine Surgeon and is licensed to practice in Texas. 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 69-year-old male who reported an injury on 09/10/1996. The mechanism of injury was not stated. The latest clinical documentation submitted for this review is a surgery request on 02/17/2014. The injured worker presented with complaints of 6/10 lower back pain. Previous conservative treatment was not mentioned. Physical examination revealed 70 degrees flexion, 20 degrees extension, 20 degrees right and left axial rotation, 20 degrees right and left lateral flexion, negative straight leg raising, 2+ deep tendon reflexes, intact sensation in the bilateral lower extremities and normal motor strength. Treatment recommendations at that time included a multilevel interbody fusion at L5-S1, L4-5, and L3-4. A Request for Authorization form was not submitted for this review. It is noted that the injured worker underwent an x-ray of the lumbar spine on 03/24/2014, which indicated multilevel lumbar spondylosis with minimal retrolisthesis and minimal anterolisthesis. The injured worker underwent an MRI of the lumbar spine on 02/18/2013, which indicated grade 1 anterolisthesis of L5/S1, grade 1 anterolisthesis of L3/L4, and grade 1 retrolisthesis of L2/L3. The injured worker also underwent a CT scan of the lumbar spine on 03/24/2014, which indicated multilevel degenerative disc disease with severe narrowing and degeneration of the posterior interspinous process spaces from L1 to L4.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Interbody fusion L3-4, L4-5, L5-S1( staged procedure/1st stage): 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): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Fusion (spinal)

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation is indicated for patients who have severe and disabling lower extremity symptoms, activity limitation for more than 1 month, clear clinical, imaging, and electrophysiologic evidence of a lesion, and a failure of conservative treatment. The Official Disability Guidelines state preoperative surgical indications for a spinal fusion should include the identification and treatment of all pain generators, the completion of all physical medicine and manual therapy interventions, documented spinal instability upon x-ray or CT myelogram, spine pathology that is limited to 2 levels, and a psychosocial screening. As per the documentation submitted, there is no evidence of a significant functional limitation upon physical examination. There is no mention of an attempt at conservative treatment prior to the request for a surgical procedure. There was no documentation of a psychosocial screening. Additionally, the Official Disability Guidelines do not recommend a spinal fusion at more than 2 levels. Based on the clinical information received and the above mentioned guidelines, the request is not medically appropriate.

**Associated surgical service: Co-Surgeon for Lumbar Interbody fusion L3-4, L4-5, L5-S1 (staged procedure/1st stage) procedure:** 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.

**Associated surgical service: Hospital inpatient admission 3-4 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.

**Associated surgical service: Lumbar decompression and instrumentation L3-4, L4-5, L5-S1( 2nd stage):** 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): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Fusion (spinal), Discectomy/Laminectomy

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation is indicated for patients who have severe and disabling lower extremity symptoms, activity limitation for more than 1 month, clear clinical, imaging, and electrophysiologic evidence of a lesion, and a failure of conservative treatment. The Official Disability Guidelines state preoperative surgical indications for a spinal fusion should include the identification and treatment of all pain generators, the completion of all physical medicine and manual therapy interventions, documented spinal instability upon x-ray or CT myelogram, spine pathology that is limited to 2 levels, and a psychosocial screening. The Official Disability Guidelines further state prior to a discectomy, there should be documentation of radiculopathy upon physical examination. Imaging studies should indicate nerve root compression, lateral disc rupture, or lateral recess stenosis. Conservative treatment should include activity modification, drug therapy, and epidural steroid injections. There should also be documentation of the completion of physical therapy, manual therapy, or a psychological screening. As per the documentation submitted, there is no evidence of a significant functional limitation upon physical examination. There is no mention of an attempt at conservative treatment prior to the request for a surgical procedure. There was no documentation of a psychosocial screening. Additionally, the Official Disability Guidelines do not recommend a spinal fusion at more than 2 levels. Based on the clinical information received and the above mentioned guidelines, the request is not medically appropriate.

**Associated surgical service: Assistant surgeon for Lumbar decompression and instrumentation L3-4, L4-5, L5-S1( 2nd stage) procedure: 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.