Case Number:	CM14-0177355		
Date Assigned:	10/28/2014	**Date of Injury:**	04/30/2005
Decision Date:	12/04/2014	**UR Denial Date:**	09/19/2014
Priority:	Standard	**Application Received:**	10/17/2014

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 Surgery, 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 56-year-old male who reported injury on 04/30/2005. The mechanism of injury was a slip and fall. Prior therapies included physical therapy, chiropractic treatment, and epidural steroid injections. The injured worker was noted to have undergone an MRI of the lumbar spine on 05/29/2013, which revealed at the level of L5-S1 there was evidence of disc degeneration with disc height loss in combination with facet arthropathy resulting in severe bilateral foraminal narrowing. The physician documentation indicated the injured worker's medications included Gralise tablets, Percocet tablets, Pristiq tablets, and Protonix. The strength and frequencies were not provided. The surgical history was noncontributory; however, it did include a stint in the heart. The documentation of 09/04/2014 the injured worker indicated had progressively worsening neck pain, and back pain, as well low back pain and bilateral leg radiculopathy. Physical examination revealed the injured worker was able to very briefly stand on his toes and heels; however, it caused significant discomfort. The injured worker had decreased range of motion of the lumbar spine. Extension and lateral bend was 10 degrees with pain. The injured worker was extremely tender with light palpation to the lumbar spine midline, paralumbar musculature bilaterally, and sciatic notch bilaterally. The injured worker had decreased sensation to the left lateral thigh, primarily with mild decreased sensation to the left anterior and medial thigh. There was weakness to the EHC bilaterally. The injured worker had a positive straight leg raise at 45 degrees, short of full extension. The injured worker had reflexes +1 at the patella and trace at the Achilles bilaterally. The diagnoses included spinal/lumbar degenerative disc disease and spinal stenosis lumbar. The treatment plan included stage 1 L5-S1 anterior lumbar interbody fusion, stage 2 L4-5 and L5-S1 posterior decompression with posterior lumbar fusion of L5-S1. The appeal documentation, dated 09/23/2014, revealed the posterior aspect of the surgery was approved. The documentation indicated the case should be reviewed

by a spine surgeon and was rebutted. There was no Request for Authorization submitted for review. There was no original date of request submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Stage 1, L5-S1 anterior lumbar interbody fusion with infuse BMP and cages: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic), Criteria for Lumbar Spinal Fusion

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

Decision rationale: The American College of Occupational and Environmental Medicine indicate a surgical consultation may be appropriate for injured workers who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies preferably with accompanying objective signs of neural compromise. There should be documentation of activity limitations due to radiating leg pain for more than 1 month or the extreme progression of lower leg symptoms, and clear clinical, imaging and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair and documentation of a failure of conservative treatment to resolve disabling radicular symptoms. Additionally, 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. The clinical documentation submitted for review would not need to include electrophysiologic evidence. There were objective findings upon physical examination. There was a lack of documentation of the official MRI results to support the necessity for surgical intervention. There was a lack of documentation of a failure of conservative care. Additionally, there was a lack of x-ray studies in flexion and extension to support the injured worker had spinal instability. Given the above and the lack of documentation, the request for stage 1, L5-S1 anterior lumbar interbody fusion with infuse BMP and cages is not medically necessary.

Associated surgical service: Rigid lumbar brace, QTY: 1: 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.