

<b>Case Number:</b>	CM14-0028723		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	10/17/1992
<b>Decision Date:</b>	05/23/2014	<b>UR Denial Date:</b>	02/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2014

### 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 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:

The injured worker is a 75-year-old male who reported an injury on 10/17/1992, secondary to heavy lifting. Current diagnoses include L4-5 spondylolisthesis with stenosis and L5-S1 degenerative disc disease, facet arthrosis, and left foraminal stenosis. The only documentation submitted for this review is a lumbar spine surgery addendum submitted on 02/07/2014. It is noted, the injured worker was evaluated on 12/31/2013. The injured worker reported persistent lower back pain. Physical examination revealed limited lumbar range of motion, 5/5 motor strength in the bilateral lower extremities, intact sensation in the bilateral lower extremities, negative straight leg raising, and 1+ deep tendon reflexes. Treatment recommendations at that time included an anterior lumbar interbody fusion with allograft bone at L4-S1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L4-S1 ALIF (ANTERIOR LUMBAR INTERBODY FUSION), ALLOGRAFT BONE, L4-S1 LAMINECTOMY, POSTERIOR FUSION WITH INSTRUMENTATION:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307, 310.

**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) Low Back Chapter, Fusion.

**Decision rationale:** The ACOEM Guidelines state surgical consultation is indicated for patients who have severe and disabling lower extremity symptoms, activity limitations for more than 1 month, extreme progression of lower extremity symptoms, clear clinical, imaging, and electrophysiological evidence of a lesion and a failure of conservative treatment. The Official Disability Guidelines state surgical indications for a fusion include identification of all pain generators, completion of physical and manual therapy, demonstration of spinal instability on x-rays, and completion of a psychological evaluation. The injured worker does not meet any of the abovementioned criteria. There is no evidence of significant instability upon flexion and extension view radiographs. There is also no mention of an attempt at conservative treatment including physical and manual therapy. There were no imaging studies or electrodiagnostic reports submitted for review. There is also no evidence of a psychological evaluation prior to the requested surgical intervention. Based on the clinical information received, the request is not medically necessary and appropriate.

**BMP (BONE MORPHOGENETIC PROTEIN), OFF LABEL USE:** 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.