

<b>Case Number:</b>	CM14-0030838		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	01/23/2012
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	02/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2014

### 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 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 31-year-old who reported an injury on January 21, 2012 due to an unknown mechanism of injury. The injured worker reportedly sustained an injury to his low back. The injured worker's treatment history included an L5-S1 discectomy and laminoforaminectomy in July of 2013. The injured worker had continued pain complaints that were considered progressive in nature. The injured worker underwent an additional MRI of the lumbar spine on September 17, 2013. It concluded there was a disc bulge at the L5-S1 impinging on the exiting L5 nerve root. The injured worker underwent revision of the original surgery on November 13, 2013. This was followed by postoperative physical therapy. The injured worker had persistent pain complaints that were unresolved by the previous surgical intervention and postoperative treatment. The injured worker underwent an MRI of the lumbar spine on January 27, 2014. It was noted that the patient had no significant change in residual soft tissue material and there was a disc protrusion at the L5-S1 completely effacing the left lateral recess and impinging the S1 nerve root. It was also causing severe left foraminal stenosis with impingement on the exiting left L5 nerve root. The injured worker was evaluated on January 30, 2014. It was noted that the injured worker had continued intractable back pain. Physical findings included consistent weakness on the left side rated 5/6 in the quadriceps and 3/5 in the extensor hallucis longus, tibialis anterior on the left, and some burning dysesthesia in the L5 distribution on the left. The injured worker's diagnoses included status post attempted revision discectomy at the L5-S1 with persistent foraminal stenosis secondary to structural disc collapse and persistent weakness. The injured worker's treatment plan included additional decompression of the L5-S1 with complete removal of the facet to open the foramen contributing to destabilization and the need for a posterior lumbar interbody fusion. A request for authorization form was not submitted to support the request.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Re-entry TPLIF, L5-S1, with infuse BMP and PEEK intradiscal cage:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines (Low Back).

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

**Decision rationale:** The Low Back Complaints Chapter of the American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines recommend surgical intervention for spinal injuries be supported by clear, clinical findings corroborated by an imaging study that have failed to respond to conservative treatment. The clinical documentation submitted for review does indicate that the injured worker has failed to respond to postoperative treatment and 2 previous spine surgeries. The clinical documentation does support that the injured worker has significant radicular symptoms in the L5-S1 distribution. Additionally, it is noted within the documentation that further decompression and foraminotomy at the requested level would cause significant destabilization and require fusion surgery. However, the request includes and fusion of bone morphogenetic protein. The Official Disability Guidelines do not recommend the use of this agent as there is no clear scientific evidence to support the long-term safety and efficacy of this treatment. The clinical documentation does not provide any justification to support the use of bone morphogenetic protein over a standard bone graft. As such, the request for a re-entry TPLIF, L5-S1 with infuse BMP and PEEK intradiscal cage is not medically necessary or appropriate.