

<b>Case Number:</b>	CM14-0058845		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	12/06/2013
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	03/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 59-year-old individual was reportedly injured on 12/6/2013. The mechanism of injury was noted as a fall. The most recent progress note, dated 3/12/2014, indicated that there were ongoing complaints of low back pain. The physical examination demonstrated lumbar spine with severe trigger points right, positive straight leg raise right, and limited range of motion. There was decreased sensory and motor right lower extremity 4/5. X-rays of the lumbar spine revealed no evidence of acute fracture and bilateral pars defect L5-S1 with Grade I anterior spondylolisthesis. There was also moderate degenerative disc disease with narrowing at L5-S1. MRI of the lumbar spine, dated 12/6/2013, revealed bilateral L5 spondylosis, 7 mm spondylolisthesis, severe degenerative disc disease L5-S1, facet arthrosis and moderate bilateral neural foraminal encroachment. Previous treatment included medications and conservative treatment. A request had been made for lumbar fusion L5-S1 and 3-day hospital stay, an assistant surgeon, preoperative labs, chest radiograph, an EKG, and cell saver and was not certified in the pre-authorization process on 3/26/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Fusion L5-S1, 3 days hospital stay:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**Decision rationale:** ACOEM practice guidelines do not support a spinal fusion in the absence of fracture, dislocation, instability or evidence of tumor/infection. Except for cases of trauma-related spinal fracture or dislocation, fusion of the spine is not usually considered during the first three months of symptoms. Patients with increased spinal instability (not work-related) after surgical decompression at the level of degenerative spondylolisthesis may be candidates for fusion. There is no scientific evidence about the long-term effectiveness of any form of surgical decompression or fusion for degenerative lumbar spondylosis compared with natural history, placebo, or conservative treatment. 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. It is important to note that although it is being undertaken, lumbar fusion in patients with other types of low back pain very seldom cures the patient. After review, the available medical records document a lumbar sprain/strain but failed to document any criteria for lumbar fusion. There was no documentation of lumbar spine instability or a trial of lumbar epidural steroid injections. Given the lack of documentation to include corroborative findings on physical exam, this request is deemed not medically necessary.

**Assistant Surgeon:** 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.

**Medical clearance to include labs, chest x-ray, EKG:** 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.

**Cell Saver:** 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.