

<b>Case Number:</b>	CM14-0093368		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	10/10/2012
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	06/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2014

### 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 Neurological 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 records, presented for review, indicate that this 58-year-old male was reportedly injured on October 10, 2012. The mechanism of injury was noted as lifting a heavy box. There was a prior history of a laminectomy and discectomy performed in 1985 as well as for trigger point injections and a lumbar epidural steroid injection. Current medications include Norco, Anaprox, Prilosec, and Fexmid. The most recent progress note, dated May 9, 2014, indicated that there were ongoing complaints of low back pain with left lower extremity radiation. The physical examination demonstrated tenderness over the lumbar spine and pain with extension. There was reduced lumbar spine range of motion and a positive straight leg raise test on the left side at 60 degrees and on the right side at 75 degrees. There was decreased sensation on the dorsum of the left foot in the lateral aspect of the left leg. Diagnostic imaging studies of the lumbar spine showed a disc protrusion at the L4-L5 level with moderate left neural foraminal narrowing and symmetrical disc bulge at L5-S1 with left foraminal osteophytes as well as right and left neural foraminal narrowing. EMG studies of the lower extremities shown an L5 and S1 radiculopathy. A request had been made for an anterior posterior L4-L5 and L5-S1 decompression and fusion, intraoperative spinal cord monitoring, and a vascular access surgeon for lumbar decompression and fusion and was not certified in the pre-authorization process on June 5, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Anterior-Posterior Decompression and Fusion at L4-L5 and L5-S1 level with instrumentation, allograft vs.autograf QTY:1.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Low Back.

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

**Decision rationale:** According to the American College of Occupational and Environmental Medicine, a spinal fusion is not supported in the absence of fracture, dislocation, spondylolisthesis, instability, or the evidence of tumor/infection. A review of the available medical records documentd signs and symptoms of a lumbar radiculopathy but failed to demonstrate any of the criteria for lumbar fusion. Furthermore, there were no flexion/extension plain radiographs of the lumbar spine demonstrating instability. For this reason, this request for a lumbar anterior-posterior decompression and fusion at L4-L5 and L5-S1 with instrumentation and allograft versus autograft is not medically necessary.

**Intraoperative Spinal Cord Monitoring:** Upheld

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

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

**Decision rationale:** As the accompanying request for a lumbar spine surgery has been determined not to be medically necessary, so is this request for intraoperative spinal cord monitoring.

**Vascular Access Surgeon for Lumbar Decompression and Fusion QTY:1:00:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar and Thoracic, Assistant Surgeon, updated July 3, 2014.

**Decision rationale:** As the accompanying request for a lumbar spine surgery has been determined not to be medically necessary, so is this request for a vascular access surgeon decompression and fusion.