

<b>Case Number:</b>	CM14-0093827		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	06/29/2009
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	06/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/20/2014

### 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 50-year-old male who reported an injury on 06/29/2009. The mechanism of injury involved a fall. The current diagnoses include lumbar strain and degenerative disc with central disc protrusion. The injured worker was evaluated on 03/03/2014 with complaints of persistent lower back pain radiating into the left lower extremity. Previous conservative treatment includes 4 epidural steroid injections, activity restriction, medication, physical therapy, and chiropractic treatment. Physical examination revealed painful range of motion of the lumbar spine, limited lumbar range of motion, intact sensation in the bilateral lower extremities, lumbosacral tenderness, 2+ deep tendon reflexes, and negative straight leg raising. Treatment recommendations at that time included an anterior discectomy, anterior lumbar interbody fusion at L5-S1, and bilateral L5-S1 laminotomy and posterior spinal fusion with instrumentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Anterior discectomy, anterior lumbar interbody fusion with interbody fusion cage and anterior instrumentation L5-S1:** 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, Lumbar spine.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Fusion (spinal).

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation is indicated for patients who have severe and disabling lower extremity symptoms, activity limitation for more than 1 month, clear clinical, imaging, and electrophysiological evidence of a lesion, and failure of conservative treatment. The Official Disability Guidelines state preoperative surgical indications for a spinal fusion should include the identification and treatment of all pain generators, completion of all physical medicine and manual therapy interventions, documented instability upon CT scan or x-ray, spine pathology that is limited to 2 levels, and a psychosocial screening. While it is noted that the injured worker has exhausted conservative treatment, there is no documentation of a significant musculoskeletal or neurological deficit upon physical examination. There was no evidence of spinal instability upon flexion and extension view radiographs. There was also no documentation of a psychosocial screening prior to the request for a lumbar fusion. Based on the clinical information received, the request is not medically necessary.

**Bilateral L5-S1 laminotomy and posterior spinal fusion with instrumentation L5-S1:**  
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, Lumbar spine.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Fusion (spinal).

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation is indicated for patients who have severe and disabling lower extremity symptoms, activity limitation for more than 1 month, clear clinical, imaging, and electrophysiological evidence of a lesion, and failure of conservative treatment. The Official Disability Guidelines state preoperative surgical indications for a spinal fusion should include the identification and treatment of all pain generators, completion of all physical medicine and manual therapy interventions, documented instability upon CT scan or x-ray, spine pathology that is limited to 2 levels, and a psychosocial screening. While it is noted that the injured worker has exhausted conservative treatment, there is no documentation of a significant musculoskeletal or neurological deficit upon physical examination. There was no evidence of spinal instability upon flexion and extension view radiographs. There was also no documentation of a psychosocial screening prior to the request for a lumbar fusion. Based on the clinical information received, the request is not medically necessary.

**Pre-operative medical clearance:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACC/AHA 2007 Guidelines.

**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.