

<b>Case Number:</b>	CM14-0192006		
<b>Date Assigned:</b>	11/25/2014	<b>Date of Injury:</b>	07/09/2003
<b>Decision Date:</b>	01/21/2015	<b>UR Denial Date:</b>	11/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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 Preventive Medicine, has a subspecialty in Occupational Medicine 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 51 year old male who was injured at work on 07/09/2003. He is reported to be complaining of lower back pain that radiates to his lower extremities. The pain is associated with numbness and weakness of the lower limbs. The pain is worsened by stooping, bending, squatting and prolonged walking. He has had repeated falls due to the weakness in his legs. In addition, he complains of difficulty with sleeping. Also, he has pain in his left knee, which is associated with locking, popping and instability. The physical examination revealed antalgic gait, limited lumbar range of motion, spasms, tenderness and guarding of the paravertebral muscles, decreased sensations over the L5 and S1 dermatomes, weakness of the ankle planter flexors and dorsiflexors bilaterally; tenderness of the knee, as well as positive McMurray test. His lumbar MRI of 07/31/14 revealed large disc bulge at the L5-S1, reduced disc height; multi-level foraminal narrowing; severe spinal stenosis at L5-S1; postsurgical changes. The worker has been diagnosed of Lumbar disc displacement without myelopathy; Thoracic or Lumbosacral neuritis or radiculitis, Lumbago; Acquired trigger finger. Treatments have included 5- Epidural steroid injections, physical therapy, Lumbar spine decompression, Ambien, and Norco. At dispute are the requests for Surgery of the Transforaminal Lumbar Interbody Fusion, Instrumentation and Bone Grafting of L5-S1; Facility - Inpatient 3 Day Stay; Pre-Op Medical Clearance' and 2 Units Of Autologous Blood Donation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Surgery of the transforaminal lumbar interbody fusion, instrumentation and bone grafting of L5-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 3rd Edition, (2011) Low Back Complaints, Online Edition, <http://apg-i.acoem.org/Browser/AdvancedSearch.aspx#&&/wEXAwUIQ2hwSW5kZXgFAjE1BQIQYWdlSW5kZXgFATAFAINUBQ1sdW1iYXIgZnVzaW9uq52gGYrQ9lfcLvFROJhATcsoypQ=>

**Decision rationale:** The injured worker sustained a work related injury on 07/09/2003. The medical records provided indicate the diagnosis of Lumbar disc displacement without myelopathy; Thoracic or Lumbosacral neuritis or radiculitis, Lumbago; Acquired trigger finger. Treatments have included Epidural steroid injections, physical therapy, lumbar spine decompression, Ambien, and Norco. The medical records provided for review do not indicate a medical necessity for surgery of the transforaminal lumbar interbody fusion, instrumentation and bone grafting of L5-S1. The ACOEM guidelines 3rd Edition state that the indications for lumbar spinal fusion are controversial except in cases of unstable vertebral fractures or where surgery is being done for tumor, infection (osteomyelitis and/or discitis), or other disease processes that have led to spinal motion segment instability. Consequently, the ACOEM guidelines recommends against spinal fusion for such conditions like, Chronic Low Back Pain; chronic low back pain after lumbar discectomy; Chronic Spinal Stenosis; spinal stenosis unless concomitant instability or deformity has been proven; non-specific chronic low back pain for Chronic Low Back Pain; Decompression surgery (Laminotomy/Facetectomy/Laminectomy) for Sub-Acute and Chronic Spinal Stenosis; and Lumbar fusion as a treatment for patients with radiculopathy from disc herniation. Similarly, the MTUS notes that surgery increases the need for future surgical procedures: specifically for spinal fusion, the MTUS states that there is a 15% greater chance of being "much better" versus a 17% complication rate (including 9% life-threatening or reoperation following lumbar fusion. Therefore, the requested treatment is not medically necessary and appropriate.

**Facility - inpatient 3 day stay: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: American College of Occupational and Environmental Medicine (ACOEM), 3rd Edition, (2011) <Low Back Complaints>, page(s) <Online Edition, [http://apg-i.acoem.org/Browser/AdvancedSearch.aspx#&&/wEXAwUIQ2hwSW5kZXgFAjE1BQIQYWdlSW5kZXgFATAFAINUBQ1sdW1iYXIgZnVzaW9uq52gGYrQ9lfcLvFROJhATcsoypQ=>](http://apg-i.acoem.org/Browser/AdvancedSearch.aspx#&&/wEXAwUIQ2hwSW5kZXgFAjE1BQIQYWdlSW5kZXgFATAFAINUBQ1sdW1iYXIgZnVzaW9uq52gGYrQ9lfcLvFROJhATcsoypQ=)

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Pre-op medical clearance:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: American College of Occupational and Environmental Medicine (ACOEM), 3rd Edition, (2011) <Low Back Complaints>, page(s) <Online Edition, <http://apgi.acoem.org/Browser/AdvancedSearch.aspx#&&/wEXAwUIQ2hwSW5kZXgFAjE1BQIQYWdlSW5kZXgFATAFAINUBQ1sdW1iYXIgZnVzaW9uq52gGYrQ9lfcLvFROJhATcsoypQ=>>>

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**2 units of autologous blood donation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: American College of Occupational and Environmental Medicine (ACOEM), 3rd Edition, (2011) <Low Back Complaints>, page(s) <Online Edition, <http://apgi.acoem.org/Browser/AdvancedSearch.aspx#&&/wEXAwUIQ2hwSW5kZXgFAjE1BQIQYWdlSW5kZXgFATAFAINUBQ1sdW1iYXIgZnVzaW9uq52gGYrQ9lfcLvFROJhATcsoypQ=>>>

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.