

<b>Case Number:</b>	CM14-0192421		
<b>Date Assigned:</b>	11/26/2014	<b>Date of Injury:</b>	02/01/2014
<b>Decision Date:</b>	01/12/2015	<b>UR Denial Date:</b>	11/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2014

### 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 Spine Surgeon, 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 02/01/2014. The mechanism of injury occurred while pulling out a dumpster. His diagnoses include L1-2 herniated nucleus pulposus with stenosis, L4-5 grade 1 spondylolisthesis with herniated nucleus pulposus, severe stenosis, and L5-S1 severe degenerative disc disease with herniated nucleus pulposus. Previous treatments included medication, acupuncture treatments, epidural steroid injections, physical therapy, home exercise program, and chiropractic sessions. Diagnostic testing included an MRI of the lumbar spine dated 04/02/2014 which was noted to reveal mild congenital narrowing of the central canal with superimposed degenerative disc disease; severe narrowing of the central canal at L1-2; moderate narrowing of the central canal at L4-5 with severe narrowing of the subarticular recess; corresponding impingement of the traversing left L5 nerve root; additional less severe degenerative changes. On 10/09/2014, it was reported the injured worker complained of having an L1-2 ESI and a caudal ESI with no improvement. On the physical examination, the provider noted the range of motion of the lumbar spine was noted to be flexion at 40 degrees and extension at 15 degrees. The injured worker had difficulty with the heel and toe walk. There was mild pain on palpation of the lower lumbar spine. Light touch was decreased at the bilateral legs/calves/feet and on the left anterior thigh. Motor evaluation was noted to be L4-5: 4+ on the left and right, L5 and S1: 4+ bilaterally. The injured worker had a negative straight leg raise and faber test bilaterally. The provider noted the injured worker to continue to have significant pain, weakness, and numbness, causing significant disability despite conservative treatment including rest, physical therapy, injections, and medication. The provider requested a left L4-5, L5-1 MIS TLIF and a bone growth stimulator and fitting. The Request for Authorization was submitted and dated 10/23/2014.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Left L4-5, L5-S1 MIS TLIF:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306.

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

**Decision rationale:** The request for left L4-5, L5-S1 MIS TLIF is not medically necessary. The California MTUS/ACOEM Guidelines state surgical consideration within the first 3 months after onset of acute low back symptoms is only considered when serious spinal pathology or nerve root dysfunction not responsive to conservative therapy and obviously due to a herniated disc is detected, and severe and disabling lower leg symptoms, activity limitations due to radiating leg pain for more than 1 month, clear clinical imaging, and electrophysiologic evidence of a lesion, and failure of conservative treatment. The guidelines also indicate in cases of trauma related to spinal fracture or dislocation, fusion of the spine is not usually considered during the first 3 months of symptoms. There is no scientific evidence of 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 of spinal fusions alone being effective for treating any type of acute low back problems, in the absence of spinal fracture. In the absence of spinal fracture, dislocation, or spondylolisthesis, if there is instability. The clinical documentation submitted lacks significant evidence of segmental instability of L4-5 and L5-S1 on imaging to support the medical necessity for the fusion. There is a lack of documentation on the physical examination of instability of flexion and extension. Therefore, the request is not medically necessary.

**Bone Growth Stimulator and Fitting:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

**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, Bone growth stimulators (BGS)

**Decision rationale:** The request for bone growth stimulator and fitting is not medically necessary. The Official Disability Guidelines note bone growth stimulators are under study, and may be medically necessary as an adjunct to spinal fusion surgery. However, the subsequent request has not been authorized. Therefore, the current request for bone growth stimulator and fitting is also not medically necessary.

