

<b>Case Number:</b>	CM15-0103329		
<b>Date Assigned:</b>	06/05/2015	<b>Date of Injury:</b>	08/07/2013
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	05/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New York

Certification(s)/Specialty: Neurological Surgery

### 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 with an industrial injury dated 08/07/2013. The mechanism of injury is documented as a fall onto his back. His diagnosis was degenerative disc disease. Prior treatment included physical therapy, diagnostics, epidural steroid injections and medications. He presents on 02/26/2015 for follow up of his back and left sided radicular pain. The provider documented the injured worker had limited standing and walking tolerance. He can stand 5-10 minutes with pain and has a one block walking tolerance. He had epidural steroid injections in August 2014 with no lasting relief. Medications included Naproxen and Norco. Physical exam showed a positive straight leg raise bilaterally reproducing his buttock pain and pain radiating to his posterior thighs. MRI of the lumbar spine dated 11/22/2013 showed mild congenital spinal stenosis throughout the lumbar spine with degenerative bone, disk and joint changes. Electro diagnostic studies dated 01/31/2014 showed findings consistent with mild lumbar 5-sacral 1 motor radiculopathy on the right side. Treatment plan included lumbar 4-5, lumbar 5-sacral 1 laminectomy and fusion. The request is for lumbar 4-5 and lumbar 5-sacral 1 laminectomy, transforaminal lumbar interbody fusion, allograft, auto graft and neuro monitoring with a 3 day inpatient length of hospital stay.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L4-5 and L5-S1 laminectomy, transforaminal lumbar interbody fusion, allograft, autograft, and neuromonitoring with a 3-day inpatient length of hospital stay: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-308. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, Back, Criteria for Lumbar Spinal fusion.

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

**Decision rationale:** The California MTUS guidelines do recommend a spinal fusion for traumatic vertebral fracture, dislocation and instability. This patient has not had any of these events. The guidelines note that the efficacy of fusion in the absence of instability has not been proven. The requested treatment: L4-5 and L5-S1 laminectomy, transforaminal lumbar interbody fusion, allograft, autograft, and neuromonitoring with a 3-day inpatient length of hospital stay is NOT Medically necessary and appropriate.