

<b>Case Number:</b>	CM15-0192143		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	10/02/2013
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	09/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2015

### 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, Montana, California  
 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 30 year old female, who sustained an industrial injury on 10-2-2013. The injured worker was being treated for lumbar spondylosis, lumbar disc disorder without myelopathy, lumbago, and sacroiliac ligament sprain and strain. Medical records (8-12-2015 to 9-10-2015) indicate ongoing lumbar spine pain radiating to the bilateral lower extremities, left greater than right. Associated symptoms included numbness, tingling, and weakness of the bilateral lower extremities. Her lumbar spine pain is aggravated by prolonged sitting and walking. The physical exam (8-12-2015 to 9-10-2015) revealed a balance and symmetrical gait, inability to heel and toe walk, decreased lumbar flexion and extension, tenderness of the left lower lumbar paraspinous tenderness, posterior superior iliac spine tenderness, and left sacroiliac joint and iliac shear tenderness. There was normal motor strength of the left lower extremity, except for the left quadriceps was 4 out of 5, left tibialis anterior was 3 out of 5, left extensor hallucis longus was 2 out of 5, and left gastrocnemius was 4 out of 5. There was intact sensation of the bilateral lower extremities. On 8-27-2015, a CT scan revealed transitional anatomy at S1 (sacral 1) with fusion of S1-S2 (sacral 1-sacral 2). At L5-S1 (lumbar 5-sacral 1), there was disc collapse and left-sided neural foraminal stenosis due osteophyte complex laterally. Per the treating physician (9-10-2015 report): On 3-9-2015, an MRI of the lumbar spine revealed an annular tear with disc bulge at L5-S1 with mild central neural foraminal narrowing and impingement on the exiting left lumbar 5 nerve root. On 3-11-2014, electromyography revealed active left L5 denervation. Treatment has included an ankle-foot orthosis for left foot drop, off work, work restrictions, and non-steroidal anti-inflammatory medication. Per the treating physician (9-10-2015 report), the injured worker is working with

restrictions. On 9-11-2015, the requested treatments included an L5-S1 transforaminal lumbar interbody fusion with use of operative microscope, an L5-S1 posterior instrumentation, neuromonitoring, and pre-operative lab work. On 9-18-2015, the original utilization review non-certified a request for an L5-S1 transforaminal lumbar interbody fusion with use of operative microscope, an L5-S1 posterior instrumentation, neuromonitoring, and pre-operative comprehensive metabolic panel, complete blood count, prothrombin time and international normalized ratio, and urinalysis (UA).

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **L5-S1 Transforaminal lumbar interbody fusion with use of operative microscope QTY 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations.

**Decision rationale:** California MTUS guidelines do recommend spinal fusion for fracture, dislocation and instability. Documentation does not provide evidence of this. The California MTUS guidelines do recommend lumbar surgery if there is clear clinical, electrophysiological and imaging evidence of specific nerve root or spinal cord level of impingement which would correlate with severe, persistent debilitating lower extremity pain unresponsive to conservative management. Documentation does not provide this evidence. Her magnetic resonance imaging scan (MRI) showed no severe canal or foraminal stenosis or nerve root impingement. Her provider recommended a transforaminal lumbar interbody arthrodesis with to treat her lumbosacral spondylosis without myelopathy. Documentation does not present evidence of instability or radiculopathy. According to the Guidelines for the performance of fusion procedures for degenerative diseases of the lumbar spine, published by the joint section of the American Association of Neurological surgeons and Congress of Neurological surgeons in 2005 there was no convincing medical evidence to support the routine use of lumbar fusion at the time of primary lumbar disc excision. This recommendation was not changed in the update of 2014. The update did note that fusion might be an option if there is evidence of spinal instability, chronic low back pain and severe degenerative changes. Documentation does not show instability or severe degenerative changes. The requested treatment: L5-S1 Transforaminal lumbar interbody fusion with use of operative microscope QTY 1 is not medically necessary and appropriate.

#### **L5-S1 posterior instrumentation QTY 1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

**Neuromonitoring QTY 1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

**Pre operative comprehensive metabolic panel QTY 1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

**Prep operative complete blood count QTY 1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

**Pre operative prothrombin time and international normalized ratio QTY 1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

**Pre operative urinalysis (UA) QTY 1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.