

<b>Case Number:</b>	CM15-0207891		
<b>Date Assigned:</b>	10/26/2015	<b>Date of Injury:</b>	11/25/2014
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	10/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2015

### 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 40 year old female, who sustained an industrial injury on 11-25-2014. A review of the medical records indicates that the worker is undergoing treatment for postlaminectomy syndrome of the lumbar spine and lumbar radiculitis-radiculopathy. Treatment has included Percocet, Flexeril, Valium, application of heat and cold, transcutaneous electrical nerve stimulator unit and surgery. MRI of the lumbar spine in May 2015 was noted to show multilevel degenerative disc disease and degenerative joint disease associated with left L4 neural impingement. In a supplemental report dated 07-15-2015, the physician noted that authorization was being requested for anterior lumbar interbody fusion at L5-S1, given the chronicity and severity of symptoms. The physician noted that this procedure would allow stability while indirectly decompressing the left L5 foramen. Subjective complaints (07-24-2015, 08-11-2015 and 09-01-2015) included continuous low back pain rated as 7 out of 10 radiating to the bilateral lower extremities rated as 10 out of 10, left greater than right. Medications were noted to help reduce pain by 50% and to allow the worker to complete activities of daily living. Objective findings (07-24-2015 and 08-11-2015) included decreased sensation from L4-S1 on the left and decreased extension and flexion of the lumbar spine. Objective findings (09-01-2015) included decreased range of motion of the lumbar spine, decreased sensation at L4-L5 on the left and low back and leg pain with supine straight leg raise at 44 degrees. The physician noted that the injured worker wanted surgery and that anterior lumbar interbody fusion with associated surgical services was being requested. A utilization review dated 10-19-2015 non-certified requests for anterior lumbar interbody fusion (ALIF) L5-S1 with open reduction, anterior lumbar discectomy and interbody fusion with instrumentation followed by posterior spinal fixation and fusion at L5- S1 Units Req: 1., pre-op services including labs, EKG and x-ray and associated surgical services including co-surgeon consult, assistant surgeon, lumbar back brace purchase, front-wheeled walker purchase and medical clearance.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Anterior lumbar interbody fusion (ALIF) L5-S1 with open reduction, anterior lumbar diskectomy and interbody fusion with instrumentation followed by posterior spinal fixation and fusion at L5-S1 Units Req: 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Fusion.

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

**Decision rationale:** 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. His magnetic resonance imaging scan (MRI) showed no severe canal or foraminal stenosis or nerve root impingement. His provider recommended an anterior interbody lumbar arthrodesis and diskectomy with instrumentation and a posterior spinal fixation and fusion at L5-S1. 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 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: Anterior lumbar interbody fusion (ALIF) L5-S1 with open reduction, anterior lumbar diskectomy and interbody fusion with instrumentation followed by posterior spinal fixation and fusion at L5-S1 Units Req: 1 is not medically necessary and appropriate.

**Associated surgical service: Co-surgeon consult Units Req: 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:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Associated surgical service: Assistant surgeon Units Req: 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:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Associated surgical service: Lumbar back brace purchase Units Req: 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:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Associated surgical service: Front wheeled walker purchase:** 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:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Associated surgical service: Medical clearance Units Req: 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:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Pre-op work up (labs):** 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:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Pre-op work up (EKG):** 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:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Pre-op work up (X-ray):** 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:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.