

<b>Case Number:</b>	CM15-0021605		
<b>Date Assigned:</b>	02/11/2015	<b>Date of Injury:</b>	09/24/2007
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	01/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/04/2015

### 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: California

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

### 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 49-year-old female who reported injury on 09/24/2007. The mechanism of injury was a motor vehicle accident. The injured worker was noted to be approved for an anterior L4-5 interbody fusion, posterior segmental instrumentation, and implantable PEEK cage. The injured worker was approved for an inpatient stay. The injured worker was approved for a vascular surgeon for anterior approach. Prior therapies included physical therapy and medications. The diagnostic studies included a lumbar MRI, cervical and thoracic MRI, electrodiagnostic studies and lumbar flexion and extension x-rays. Prior treatments included radiofrequency ablations and a lumbar laminectomy in 2010 as well as ACF in 2012. The injured worker had anterior cervical discectomy at C5-6 and bilateral foraminotomy with an ACDF at C5-6 on 01/25/2013. The was a Request For Authorization submitted for review 12/28/2013. The documentation of 12/22/2014 revealed the injured worker had pain when sitting or leaning forward. The injured worker's medications included Norco 10/325 mg. The deep tendon reflexes were 1+ at the knees and ankles bilaterally. There was decreased sensation at the left L4 dermatome. The lower extremity examination demonstrated motor strength at 5/5 in all muscle groups. The diagnosis included L4-5 segmental instability with L4 radiculitis. The treatment plan included an L4-5 interbody fusion. The physician opined the injured worker would not improve without surgical intervention and it was noted the injured worker responded to bracing. Documentation indicated the physician would use an implantable PEEK cage filled with bone morphogenic protein.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated surgical service: Bone Morphogenic Protein, quantity: 1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute On-line, Official Disability Guidelines (ODG) Treatment in Workers Compensation (TWC) updated 11/21/2014, also see Neck Chapter.

**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 Chapter, Bone-morphogenetic protein (BMP).

**Decision rationale:** The Official Disability Guidelines do not recommend bone morphogenic protein as it offers little or no benefit over bone graft and may be associated with more harm. The clinical documentation submitted for review failed to provide documentation of exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request for associated surgical service from morphogenic protein, quantity 1 is not medically necessary.