

<b>Case Number:</b>	CM15-0210344		
<b>Date Assigned:</b>	10/29/2015	<b>Date of Injury:</b>	06/22/2003
<b>Decision Date:</b>	12/10/2015	<b>UR Denial Date:</b>	10/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/26/2015

### 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 44-year-old male who sustained an industrial injury June 22, 2003. Diagnoses are cervical pain, radiculopathy, sprain, strain; lumbar HNP (herniated nucleus pulposus) at L4-5, pain radiculopathy sprain, sciatica. Past treatments included non-steroidal; Celebrex and ibuprofen, (12) epidural steroid injections with temporary relief, (30) sessions of physical therapy with temporary relief, heating pads, ice packs and electrotherapy. According to a secondary treating orthopedic physician's notes dated September 8, 2015, the injured worker presented with complaints of cervical pain, 70% shoulder pain 100% which is 40% right sided, rated 4 out of 10 and 60% left sided, rated 3 out of 10. The shoulder pain is constant accompanied by bilateral shoulder numbness, tingling, cramping, neck, shoulder numbness, and weakness. There is also low back pain 70% and leg pain 30%, which is 80% right sided, rated 5 out of 10 and 20% left-sided, rated 3 out of 10 and accompanied by back-leg weakness and pins and needles sensation in the bilateral leg. Objective findings included but not limited to lumbar spine; mild tenderness on palpation, flexion 40 degrees, extension 30 degrees, right and left lateral bending 45 degrees, right and left rotation 45 degrees; decreased sensation along the L4 and L5 distributions on the right; able to perform heel-toe walk bilaterally. At issue, is the request for authorization for transforaminal lumbar interbody fusion, Gill laminectomy and posterolateral fusion with pedicle screw fixation at L4-5, intraoperative monitoring, (2) days inpatient stay, assistant surgeon, and pre-operative medical clearance. A report of an MRI of the lumbar spine dated February 9, 2015 is present in the medical record. According to utilization review dated October 12, 2015, the requests for Transforaminal Lumbar Interbody Fusion, Gill

Laminectomy and Posterolateral Fusion with pedicle screw fixation at L4-5, Intraoperative monitoring, (2) days Inpatient Stay, Assistant Surgeon, and Pre-operative Medical Clearance were non-certified.

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

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

#### **Transforaminal lumbar interbody fusion, gill laminectomy and posterolateral fusion with pedicle screw fixation at L4-5: Upheld**

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

**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. Documentation is not presented which shows instability. California MTUS guidelines do recommend spinal fusion for fracture, dislocation and instability. Documentation does not provide evidence of these conditions. Therefore, the requested treatment is not medically necessary and appropriate.

**Intraoperative monitoring:** 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: 2 days inpatient stay:** 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.

**Assistant surgeon:** 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.

**Preop medical clearance:** 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.