

<b>Case Number:</b>	CM15-0211274		
<b>Date Assigned:</b>	11/02/2015	<b>Date of Injury:</b>	11/19/2013
<b>Decision Date:</b>	12/18/2015	<b>UR Denial Date:</b>	10/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2015

### 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

### 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 54-year-old male, who sustained an industrial injury on 11-19-2013. He has reported injury to the low back. The diagnoses have included persistent severe distal lumbar pain with bilateral pars defects, confirmed on CT scan (misread CT report); and transient relief with pars blocks. Treatment to date has included medications, diagnostics, acupuncture, TENS (transcutaneous electrical nerve stimulation) unit, bilateral L5 pars steroid injections, physical therapy, and home exercise program. Medications have included Vicodin and Nabumetone. A progress report from the treating provider, dated 08-04-2015, documented an evaluation with the injured worker. The injured worker reported continued distal lumbar back pain, worsened at the lumbosacral junction, worsened with hyperextension; he has finished his physical therapy and continues his home exercise program without significant improvement; he has been taking Vicodin 3 times a day and Nabumetone without dramatic improvement; and he did have bilateral pars injections at L5, which resulted in several weeks of significant improvement of his discomfort, but he has also settled back now into his usual discomfort. Objective findings included pain with hyperextension in the distal lumbar region; he has no focal motor or sensory deficits; and his strength and sensation are normal. He includes that "the radiologist was "unable to see" the pars defects despite them being clearly present and confirmed by myself and (another provider)". The provider noted that the injured worker "is amenable to moving forward" with lumbosacral fusion. The treatment plan has included the request for L5-S1 laminectomy, TPLIF (transforaminal posterior lumbar interbody fusion), PEEK (polyetheretherketone), Cage, BMP (bone morphogenetic protein), possible ICBG (iliac crest bone graft); two to three day inpatient

hospital stay; preoperative labs: CBC (complete blood count), UAPC, CMP (comprehensive metabolic panel), Nares culture for MRSA (methicillin-resistant staphylococcus aureus), PT (prothrombin time)-PTT (partial thromboplastin time)-INR (international normalized ratio), and EKG (electrocardiogram); and associated surgical services: medical clearance with an internist, and lumbar brace purchase. The original utilization review, dated 10-05-2015, non-certified the request for L5-S1 laminectomy, TPLIF, PEEK, Cage, BMP, possible ICBG; two to three day inpatient hospital stay; preoperative labs: CBC, UAPC, CMP, Nares culture for MRSA, PT-PTT-INR, and EKG; and associated surgical services: medical clearance with an internist, and lumbar brace purchase.

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

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

#### **L5-S1 laminectomy, TPLIF, PEEK, Cage, BMP, possible ICBG: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Lumbar & Thoracic (Acute & Chronic).

**MAXIMUS 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, Lumbar fusion.

**Decision rationale:** The ACOEM Guidelines Chapter 12 Low Back Complaints page 307 state that lumbar fusion, except for cases of trauma-related spinal fracture or dislocation, fusion of the spine is not usually considered during the first three months of symptoms. Patients with increased spinal instability (not work-related) after surgical decompression at the level of degenerative spondylolisthesis may be candidates for fusion. According to the ODG, Low back, Fusion (spinal) should be considered for 6 months of symptom. Indications for fusion include neural arch defect, segmental instability with movement of more than 4.5 mm, revision surgery where functional gains are anticipated, infection, tumor, deformity and after a third disc herniation. In addition, ODG states, there is a lack of support for fusion for mechanical low back pain for subjects with failure to participate effectively in active rehab pre-op, total disability over 6 months, active psych diagnosis, and narcotic dependence. In this particular patient, there is lack of medical necessity for lumbar fusion, as there is no evidence of segmental instability greater than 4.5 mm, severe stenosis or psychiatric clearance from the exam note of 8/4/15 to warrant fusion. Therefore, the request is not medically necessary.

#### **Two to three day inpatient hospital 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.

**Preoperative lab: CBC:** 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.

**Preoperative lab: UAPC:** 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.

**Preoperative lab: CMP:** 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.

**Preoperative lab: NARES culture for MRSA:** 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.

**Preoperative lab: PT/PTT/INR:** 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.

**Preoperative lab: 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.

**Associated Surgical Service: Medical clearance with an internist:** 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 brace 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.