

<b>Case Number:</b>	CM15-0213193		
<b>Date Assigned:</b>	11/03/2015	<b>Date of Injury:</b>	09/15/2005
<b>Decision Date:</b>	12/16/2015	<b>UR Denial Date:</b>	10/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2015

### 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:

This 41 year old male sustained an industrial injury on 9-15-06. Documentation indicated that the injured worker was receiving treatment for chronic low back pain with lumbar degenerative disc disease, stenosis and spondylosis. Previous treatment included lumbar fusion at L4-5, physical therapy and medications. Magnetic resonance imaging lumbar spine (5-30-13) showed disc protrusion at L3-4 and disc bulge at L5-S1 with no significant spinal canal, lateral recess or neural foramina compromise or nerve impingement. In a progress note dated 9-30-15, the injured worker complained of worsening low back pain with radiation to the buttocks. Physical exam was remarkable for lumbar spine with well healing surgical incisions, 5 out of 5 bilateral lower extremity strength with the exception of 4+ out of 5 left extensor hallucis longus and decreased sensation at the right great toe and left thigh. The injured worker walked with an antalgic gait on the left. The physician documented that x-rays of the lumbar spine taken during the office visit showed ongoing fusion at L4-5 and degenerative disc disease at L5-S1, "nearly bone on bone in the posterior aspect of the disc space". The physician stated that it was "highly unlikely" that the injured worker could return to gainful employment unless the injured worker underwent lumbar fusion as previously recommended. On 10-12-15, Utilization Review non-certified a request for lumbar spine surgery with transforaminal interbody fusion and posterior spinal fusion at L5-S1, exploration of fusion L4-L5, and removal of hardware L4-L5 and associated surgical services.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar spine surgery consisting of transforaminal interbody fusion and posterior spinal fusion at L5-S1, exploration of fusion L4-L5, and removal of hardware L4-L5: Upheld**

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

**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 Chapter-Hardware removal.

**Decision rationale:** The California MTUS guidelines recommend lumbar surgery when the patient has had severe persistent, debilitating lower extremity complaints referable to a specific nerve root or spinal cord level corroborated by clear imaging, clinical examination and electrophysiological studies. Such evidence is not provided by the documentation. The guidelines note the patient would have failed a trial of conservative therapy. The guidelines note the surgical repair proposed for the lesion must have evidence of efficacy both in the short and long term. His magnetic resonance scan (MRI) showed no severe canal or foraminal stenosis or nerve root impingement. His provider recommended a transforaminal interbody fusion and posterior spinal fusion at L5-S1, exploration of fusion L4-L5, and removal of hardware L4-L5. 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. 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 ODG guidelines do not recommend removal of hardware unless it is broken, infected or shown to be a pain generator. No evidence is provided to show these possibilities. The requested treatment: Lumbar spine surgery consisting of transforaminal interbody fusion and posterior spinal fusion at L5-S1, exploration of fusion L4-L5, and removal of hardware L4-L5 is not medically necessary and appropriate.

**Associated surgical service: 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.

**Preoperative 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-operative 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.

**Preoperative electrocardiogram (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.

**Preoperative chest x-rays:** 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.

**Home physical therapy to the lumbar spine 3 times a week for 4 weeks:** 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.

**Postoperative physical therapy to the lumbar spine 2 times a week for 6 weeks:** 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: LSO 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.

**Associated surgical service: Motorized cold therapy unit 2 weeks rental:** 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: Bone growth stimulator 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: Home nursing daily dressing changes for 2 weeks:** 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.