

<b>Case Number:</b>	CM15-0085187		
<b>Date Assigned:</b>	05/07/2015	<b>Date of Injury:</b>	03/08/2014
<b>Decision Date:</b>	06/19/2015	<b>UR Denial Date:</b>	04/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/04/2015

### 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: New York  
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 48-year-old male, who sustained an industrial injury on 3/8/2014. Diagnoses have included chronic back pain with degenerative changes L4-5 and L5-S1. Treatment to date has included epidural injections and medication. According to the progress report dated 4/10/2015, the injured worker complained of back pain rated 8-9/10. He reported low back pain with occasional radiation down the right leg. He reported trying medical marijuana, but it just made him sleep and did not help the pain. Physical exam revealed moderate tenderness to palpation to the lumbar paraspinals. Lumbar range of motion was reduced. The injured worker was temporarily totally disabled. It was noted that discograms were negative at L3-4 and L4-5 and concordant at L5-S1. Authorization was requested for anterior posterior spinal instrumentation and fusion L5-S1 with allo and autograft and preoperative labs.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Anterior Posterior Spinal Instrumentation and Fusion at L5-S1 with Allo and Autograft:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304-307.

**Decision rationale:** The California MTUS guidelines note that discography is of limited diagnostic value. The MTUS guidelines do not recommend lumbar discography as support for preoperative indications for spinal fusion. Moreover, the guidelines indicate that there should be clear clinical, imaging and electrophysiologic evidence of the presence of a lesion that is known to respond to surgical repair both in the short and long term. Documentation does not contain this evidence. 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. Therefore, the requested treatment is not medically necessary and appropriate.

**Preoperative Labs: Complete Blood Count, Complete Metabolic Panel:** 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: Prothrombin Time, Partial Thromboplastin Time:** 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 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.