

<b>Case Number:</b>	CM14-0157984		
<b>Date Assigned:</b>	10/01/2014	<b>Date of Injury:</b>	10/30/2013
<b>Decision Date:</b>	10/31/2014	<b>UR Denial Date:</b>	09/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2014

### 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. The expert reviewer is Board Certified in Neurosurgeon and is licensed to practice in Georgia and Virginia. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 76-year-old male who reported an injury on 10/30/2013. The mechanism of injury involved a motor vehicle accident. The current diagnoses include failed back syndrome and lumbar stenosis. The injured worker was evaluated on 08/01/2014 with complaints of persistent lower back and left lower extremity pain. Physical examination revealed moderate to severe tenderness to palpation over the mid lumbar spine, diminished motor strength in the right lower extremity, and diminished sensation to light touch in the right lower extremity. Treatment recommendations at that time included an exploration of the fusion with a re-do decompression at L4-5 with re-instrumentation. A Request for Authorization form was then submitted on 09/10/2014. It is noted that the injured worker underwent an MRI of the lumbar spine on 02/28/2014, which indicated a severe loss of disc height at L5-S1 with mild bilateral neural foraminal narrowing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Transforaminal Lumbar Interbody Fusion L5-S1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AMA Guides, 5th Edition, page 382-383.ODG (Official Disability Guidelines); Low Back Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Fusion (spinal).

**Decision rationale:** The CA MTUS/ACOEM Practice Guidelines state a referral for surgical consultation may be indicated for patients who have severe and disabling lower extremity symptoms, activity limitation for more than 1 month, clear clinical, imaging and electrophysiologic evidence of a lesion, and a failure of conservative treatment. The Official Disability Guidelines state preoperative surgical indications for a spinal fusion should include the identification and treatment of all pain generators, the completion of all physical medicine and manual therapy interventions, documented instability upon x-ray or CT myelogram, spine pathology that is limited to 2 levels, and a psychosocial screening. As per the documentation submitted, there is no specific documentation of radicular findings in the requested nerve root distribution. There is no documentation of spinal instability upon flexion and extension view radiographs. There is also no documentation of an exhaustion of conservative treatment to include physical modalities. There was no evidence of a psychosocial screening prior to the request for a lumbar fusion. Based on the clinical information received, the current request is not medically appropriate.

**Explore fusion L2-5:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Fusion (spinal).

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.