MAXIMUS Federal Services

| Case Number: | CM14-0176638 | | |
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| Date Assigned: | 10/31/2014 | Date of Injury: | 05/19/2011 |
| Decision Date: | 12/08/2014 | UR Denial Date: | 10/16/2014 |
| Priority: | Standard | Application Received: | 10/24/2014 |

## 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 Orthopedic Spine Surgery and is licensed to practice in Texas. 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 50-year-old male who reported injury on 05/19/2011. The mechanism of injury was not provided. The prior therapies were not provided. The documentation of 10/03/2014 revealed the injured worker had complaints of low back pain. The injured worker was noted to take Norco 4 times per day for symptoms. The physical examination revealed lumbar range of motion was 45 degrees and with extension and lateral flexion of 20 degrees. The neurologic examination of the lower extremities was intact. The straight leg raise caused low back pain bilaterally. The diagnoses included lumbosacral decompression and laminectomy in the past, and lumbosacral spondylosis and foraminal stenosis with pain radiating to the bilateral hips. The treatment plan included an L4-S1 anterior lumbar interbody fusion. Surgical history included a laminectomy of L5-S1. The mechanism of injury was the injured worker was driving and delivering mop sinks when he heard a thump. The injured worker had 2 sinks on a pallet in the flatbed of a truck that were placed by forklift. The thump was 1 of the sinks falling off the edge of the pallet. The injured worker got into the flatbed and squatted down in order to lift the edge of the item back onto the pallet. When he realized it was too heavy he let it back down but the injured worker heard a pop in the low back. The estimated weight of the mop sink was 500 pounds. There was no Request for Authorization, and the original date of request could not be established through supplied documentation.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar spine anterior fusion at L4-S1 levels:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines) Low Back, Fusion

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

**Decision rationale:** The American College of Occupational and Environmental Medicine indicate a surgical consultation may be appropriate for injured workers who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies preferably with accompanying objective signs of neural compromise. There should be documentation of activity limitations due to radiating leg pain for more than 1 month or the extreme progression of lower leg symptoms, and clear clinical, imaging and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair and documentation of a failure of conservative treatment to resolve disabling radicular symptoms. Additionally, there is no good evidence from controlled trials that spinal fusion alone is effective for treating any type of acute low back problem, in the absence of spinal fracture, dislocation, or spondylolisthesis if there is instability and motion in the segment operated on. Clinicians should consider referral for psychological screening to improve surgical outcomes. There would be no electrophysiological evidence to support the necessity for a fusion. There were objective findings to support the necessity for surgical intervention. There was no official MRI submitted for review. There was no radiologic evidence including x-ray to support spinal instability. There was a lack of documentation of a failure of conservative care. There was a lack of documentation indicating the injured worker had been referred for a psychological screening. Given the above, the request for lumbar spine anterior fusion at L4-S1 levels is not medically necessary.

**Associated surgical service: Inpatient hospital stay, QTY: 2 days:** 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.