

<b>Case Number:</b>	CM14-0181785		
<b>Date Assigned:</b>	11/10/2014	<b>Date of Injury:</b>	04/30/2012
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	10/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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 Surgery, has a subspecialty in Spine Surgery and is licensed to practice in New Jersey. 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 57-year-old male with a reported date of injury of 04/30/2012. The injured worker was reportedly bending down when he felt a pop in his lower back. The current diagnosis is low back pain. The injured worker presented on 10/06/2014 with complaints of persistent lower back pain with radiation into the right buttock region. Previous conservative treatment is noted to include physical therapy, medication management, chiropractic treatment, and lumbar epidural steroid injections. The current medication regimen includes Zantac 150 mg, Aspirin 81 mg, and Ibuprofen. The physical examination revealed normal motor strength in the bilateral lower extremities, intact sensation, 2+ deep tendon reflexes, positive straight leg raise bilaterally, and an antalgic gait. The injured worker was also noted to be status post bilateral knee arthroscopy in 09/2014. The treatment recommendations at that time included an L4-S1 anterior and posterior spinal fusion. The injured worker underwent an MRI of the lumbar spine on 02/26/2014, which revealed degenerative disc disease at L4-5 and L5-S1 with moderate neural foraminal encroachment. A Request for Authorization form was then submitted on 10/16/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar/Sacral/Pelvis Surgery: L4-S1 anterior and posterior spinal decompression, L4-S1 anterior and posterior spinal fusion, pelvic fixation, application of intervertebral biomechanical device, allograft, autograft, including harvesting graft, and arthrodesis (posterior or posterolateral technique): 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): 305-306.

**Decision rationale:** The California MTUS ACOEM Practice Guidelines state a referral for surgical consultation is indicated for patients who have severe and disabling lower extremities symptoms; activity limitation for more than 1 month; clear clinical, imaging, and electrophysiologic evidence of a lesion; and 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, the injured worker has been previously treated with physical therapy, medications, chiropractic treatment, and epidural steroid injections. However, there is no documentation of spinal instability upon flexion and extension view radiographs. There is also no documentation of a psychosocial screening. Therefore, the request is not medically necessary at this time.

**Associated surgical service: Assistant surgeon: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Assoc. of Orthopedic Surgeons Position Statement

**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: Vascular co-surgeon for anterior portion of surgery: 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: Inpatient hospital stay-per day: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**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: Preoperative medical 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.

**Associated surgical service: Preoperative blood tests: CBC with differential, PT/PTT, sodium, potassium, creatinine, glucose, sedimentation rate, CRP, and type and screen:**  
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: Urinalysis:** 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.