

<b>Case Number:</b>	CM14-0218298		
<b>Date Assigned:</b>	01/08/2015	<b>Date of Injury:</b>	03/01/2011
<b>Decision Date:</b>	03/19/2015	<b>UR Denial Date:</b>	12/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2014

### 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. 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: California

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

### 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 47-year-old male who reported an injury on 03/01/2011. The mechanism of injury was not provided within the documentation submitted for review. His diagnoses included L4-5 and L5-S1 spondylosis, annular tear, discogenic low back pain, and resolved left L5-S1 disc herniation and left sciatica. His past treatments have included medications, TENS unit, physical therapy, and an SI joint injection. Diagnostic studies include an unofficial MRI of the lumbar spine performed on 11/07/2014 which revealed at L4-5, there is mild spinal canal narrowing with mild bilateral neural foraminal narrowing. Postsurgical changes are noted in the posterior paraspinal soft tissues. At L5-S1, there is mild spinal canal narrowing with mild to moderate left inferior neural foraminal narrowing. His surgical history includes an L5-S1 discectomy on an unknown date. The injured worker presented on 11/17/2014 with complaints of persistent low back pain. Upon physical examination of the lumbar spine, range of motion upon flexion at the hips was at 70 degrees with forward reach to the mid shin, extension of 20 degrees, and lateral bending of 30 degrees bilaterally. Straight leg raising was positive bilaterally associated with ipsilateral increased leg pain. Neurologic exam of the lower extremities was intact with regard to motor strength, sensation, and deep tendon reflexes. His current medication regimen was not provided within the documentation submitted for review. The treatment plan included a recommendation of an anterior lumbar interbody discectomy and fusion at the L4-5 and L5-S1 levels. The rationale for the request is that the aforementioned levels are responsible for his lower back pain and the injured worker would like to proceed with

the treatment. A Request for Authorization form was not provided within the documentation submitted for review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Anterior Lumbar Interbody Discectomy and Fusion: 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): 307, 310.

**Decision rationale:** The request for anterior lumbar interbody discectomy and fusion is not medically necessary. The injured worker has ongoing low back pain. The California MTUS/ACOEM Guidelines state that there is no scientific evidence about the long term effectiveness of any form of surgical decompression or fusion for degenerative lumbar spondylosis compared with natural history, placebo, or conservative treatment. Additionally, the guidelines state that spinal fusion, in the absence of fracture, dislocation, or complications of tumor or infection, is not recommended. The documentation submitted for review did not provide evidence of a fracture or a dislocation or a tumor. Given the above, the request as submitted does not support the evidence based guidelines. As such, the request for anterior lumbar interbody discectomy and fusion is not medically necessary.