

<b>Case Number:</b>	CM15-0114942		
<b>Date Assigned:</b>	06/23/2015	<b>Date of Injury:</b>	07/01/2005
<b>Decision Date:</b>	07/22/2015	<b>UR Denial Date:</b>	05/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/15/2015

### 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 Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 64 year old female who sustained an industrial injury on 7/1/05 while trying to lift a resident. She developed sudden onset of back pain. She had lumbar surgery in 2008. She currently complains of constant back, shoulder and radicular leg pain (6/10). She uses a cane for ambulation. Medications are Sumatriptan, ibuprofen, oxycodone, acetaminophen-hydrocodone, Soma, Seroquel, omeprazole, alprazolam, Lorazepam, butalbital. Diagnoses include lumbar spinal stenosis/ herniated nucleus pulposus; severe lumbar degenerative disc disease; bladder dysfunction/ incontinence. Treatments to date include medications; physical therapy; injections. Diagnostics include MRI of the lumbar spine (11/16/13) showing severe L4-5 and L5-S1 degenerative disc disease, lumbar spinal stenosis and herniated nucleus pulposus; normal brain computed tomography (11/5/14). In the progress note dated 1/26/15 the treating provider requested L4-S1 transforaminal lumbar inter-body fusion decompression surgery due to incapacitating symptoms, which correlated with MRI imaging and failed conservative care. On 5/27/15 in addition to above request Utilization Review evaluated requests for medical clearance and 5 day hospital stay.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L4-S1 transforaminal lumbar interbody fusion:** Upheld

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

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

**Decision rationale:** According to MTUS guidelines, “Except for cases of trauma-related spinal fracture or dislocation, fusion of the spine is not usually considered during the first three months of symptoms. Patients with increased spinal instability (not work-related) after surgical decompression at the level of degenerative spondylolisthesis may be candidates for fusion. 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. 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. It is important to note that although it is being undertaken, lumbar fusion in patients with other types of low back pain very seldom cures the patient. A recent study has shown that only 29% assessed themselves as "much better" in the surgical group versus 14% "much better" in the non-fusion group (a 15% greater chance of being "much better") versus a 17% complication rate (including 9% life-threatening or reoperation).” There is no clear evidence of spinal fracture, dislocation, or spondylolisthesis or spine instability. There is no evidence of failure of all conservative therapies. Therefore, the request for L4-S1 transforaminal lumbar interbody fusion is not medically necessary.

**Medical clearance appointment with an Internest:** 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.

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

**Hospital stay 5 days:** 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.

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

