

<b>Case Number:</b>	CM15-0129960		
<b>Date Assigned:</b>	07/16/2015	<b>Date of Injury:</b>	01/21/1994
<b>Decision Date:</b>	08/17/2015	<b>UR Denial Date:</b>	06/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/06/2015

### 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 York  
 Certification(s)/Specialty: Neurological Surgery

### 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, who sustained an industrial injury on 1/21/94. He reported pain in his lower back. The injured worker was diagnosed as having L5-S1 disc herniation, lumbar spinal stenosis, bilateral L4-L5 and L5-S1 foraminal stenosis, lumbar radiculitis and degeneration of lumbar disc at L4-L5 and L5-S1. Treatment to date has included L4-L5 and L5-S1 facet joint injections on 6/12/15, multiple chiropractic sessions, multiple evaluations by different orthopedic spinal surgeons, an EMG study on 11/12/13 and physical therapy. A lumbar MRI on 5/15/15 showed severe L5-S1 desiccation and disc space narrowing with Modic type III endplate changes involving 50 percent of the L5-S1 vertebral bodies. As of the PR2 dated 5/29/15, the injured worker reported worsening symptoms since his last visit. He has resorted to using a cane for ambulation and has difficulty commuting to work. The treating physician requested an inpatient stay (2-3) days, a L4-L5 ADR-TDA, an L5-S1 anterior fusion with instrumentation and a pre-operative history and physical including labs and EKG.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Inpatient stay (2-3) 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.

**L4-L5 ADR/TDA:** 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): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Spinal fusion chapter.

**Decision rationale:** The California MTUS guidelines recommend surgery when the patient has had severe persistent, debilitating lower extremity complaints referable to a specific nerve root or spinal cord level corroborated by clear imaging, clinical examination and electrophysiological studies. Documentation does not provide this evidence. The guidelines note the patient would have failed a trial of conservative therapy. The guidelines note the surgical repair proposed for the lesion must have evidence of efficacy both in the short and long term. The ODG guidelines do not recommend lumbar disc prosthesis. The requested treatment: L4-L5 ADR/TDA is not medically necessary and appropriate.

**L5-S1 Anterior fusion with instrumentation:** 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): 305-307.

**Decision rationale:** The California MTUS guidelines do recommend a spinal fusion for traumatic vertebral fracture, dislocation and instability. This patient has not had any of these events. The guidelines note that the efficacy of fusion in the absence of instability has not been proven. The requested treatment: Associated surgical service: L5-S1 Anterior fusion with instrumentation is not medically necessary and appropriate.

**Pre-op history and physical (including Labs & EKG):** 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.