

<b>Case Number:</b>	CM13-0032720		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	04/26/2011
<b>Decision Date:</b>	02/20/2014	<b>UR Denial Date:</b>	09/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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 physician 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 patient is a 64-year-old gentleman who sustained an injury to his low back in a work related accident on 04/26/11. Specific to his lumbar spine, there was a recent progress report of 08/15/13 when he was seen by [REDACTED], for complaints of continued low back pain. His diagnosis was severe kyphoscoliosis with degenerative disc disease status post prior lumbar laminectomy. The progress report stated that the claimant was unable to stand upright on examination with a 90 degree kyphotic curvature. He had sagittal imbalance, but no documented neurologic findings. Prior treatment has included epidural steroid injections, medication, management, and ambulatory devices. A recent MRI report of 06/04/13 showed kyphoscoliotic deformity between L1-2 with a convection towards the right. There was multilevel degenerative disc disease and osteophytes resulting in central foraminal stenosis. There was a central disc bulge at the L5-S1 level. At present, there is request for multilevel fusion procedure from L2 through S1 anteriorly and T5 through S1 posteriorly given the claimant's deformity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Anterior Fusion at L2-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) online version, Section on - Patient Selection Criteria for LumbarSpinal Fusion.

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

**Decision rationale:** Based on California ACOEM 2004 Guidelines, the role of surgical process in the form of fusion would not be indicated. California ACOEM Guidelines in regard to worker's compensation injuries do not recommend the role of multilevel fusion for a diagnosis of scoliosis. The diagnosis itself would be a natural congenital or progressive condition. There is no current documentation linking the claimant's diagnosis to the work related injury of 2011. California ACOEM Guidelines only support the role of fusion fixation of the form of segmental instability, fracture, or dislocation. This specific surgical request would not be indicated.

**Posterior Fusion with Instrumentation at T5-S1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) online version, Section on - Patient Selection Criteria for LumbarSpinal Fusion.

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

**Decision rationale:** Based on California ACOEM Guidelines, the role of the posterior procedure in question would not be indicated given the response from question #1 in this request.