

<b>Case Number:</b>	CM13-0037374		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	08/02/2011
<b>Decision Date:</b>	02/21/2014	<b>UR Denial Date:</b>	10/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2013

### 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 56-year-old female who reported an injury on 08/02/2011. The patient is diagnosed with adjacent segment disease, lumbar pseudarthrosis, stenosis, and radiculopathy. The patient was seen by [REDACTED] on 09/24/2013. The patient was status post L4 through S1 decompression and instrumented fusion in 06/2012. Physical examination revealed tenderness to palpation over the midline lumbar spine, 4/5 weakness in the left iliopsoas, and decreased sensation to light touch over the left anterior thigh. Treatment recommendations included instrumentation removal from L4 to S1 and exploration of fusion from L4 to S1 with transforaminal lumbar interbody fusion at L3-4 and posterior spinal fusion with posterior instrumentation from L3 to S1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L4-S1 remove and explore, L3-4 TITF L3-4 posterior spinal fusion (PSF)/posterior spinal instrumentation (PSI): Upheld**

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

**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) Low Back Chapter, Hardware implant removal (fixation), Decompression, Fusion (spinal)

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state surgical consultation is indicated for patients who have severe and disabling lower extremity symptoms, activity limitations due to radiating leg pain for more than 1 month, extreme progression of lower extremity symptoms, clear clinical, imaging, and electrophysiological evidence of a lesion that has been shown to benefit from surgical repair, and failure of conservative treatment. Patients with increased spinal instability after surgical decompression at the level of degenerative spondylolisthesis may be candidates for a fusion. There were no flexion and extension view radiographs submitted for review. There is also no documentation of this patient's recent failure to respond to conservative treatment. Furthermore, Official Disability Guidelines do not recommend the routine removal of hardware implanted for fixation, except in the case of broken hardware or persistent pain, after ruling out other causes of pain such as infection and nonunion. In this patient's case, there is no evidence of broken hardware or nonunion that would warrant the need for hardware removal. Additionally, there is no subjective evidence of radicular findings in each of the nerve root distributions. Based on the clinical information received, the request is non-certified. Since the primary procedure is not medically necessary, none of the associated services are medically necessary.