

<b>Case Number:</b>	CM13-0037951		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	04/24/1991
<b>Decision Date:</b>	02/28/2014	<b>UR Denial Date:</b>	10/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2013

### 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, has a subspecialty in Spine 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 55-year-old male who reported an injury on 4/24/91. The patient was diagnosed with kyphoscoliosis and decompensated spinal alignment. The patient was seen on 9/16/13 and reported 8/10 lower back pain. Physical examination revealed a severely antalgic gait, diminished lumbar range of motion, weakness in the left lower extremity and numbness in bilateral lower extremities at the L5 and S1 distributions. X-rays on same date indicated profound thoracolumbar kyphosis, approximately 35 degrees which is drastically worse. It was also noted that the patient's plumbline was completely off as the cranium was approximately 6 inches anterior to his sacral center of gravity. The patient's treatment recommendations include an L2 pedicle subtraction osteotomy as well as a T4 pelvis instrumentation and revision fusion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L2 pedicle subtraction osteotomy, T4 pelvis revision fusion, 5 day possible inpatient stay:**  
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): 303-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, hardware removal, Fusion (spinal), Hospital Length of Stay

**Decision rationale:** MTUS guidelines indicate that surgical consultation is indicated for patients who have severe and disabling lower extremity symptoms, activity limitations for more than one month, extreme progression of symptoms, clear clinical, imaging and electrophysiological evidence of a lesion that has been shown to benefit from surgical repair and the failure of conservative treatment. Guidelines also indicate that patients with increased spinal instability after surgical decompression at the level of degenerative spondylolisthesis may be candidates for a fusion. In this patient's case, the medical records submitted for review fail to evidence spondylolisthesis. Moreover, there were no magnetic resonance imaging (MRI) studies or electrodiagnostic reports submitted for review. There was also no evidence of documented instability on flexion and extension view radiographs. There was also no evidence of a recent failure of conservative treatment. Finally, there was no documentation of a rationale for extending a fusion superiorly to the T4 level. Based on the clinical information received, the request is not medically necessary. The request for L2 pedicle subtraction osteotomy, T4 pelvis revision fusion, 5 day possible inpatient stay is not medically necessary and appropriate.

**Pre-operative medical clearance:** 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.