

<b>Case Number:</b>	CM13-0041021		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	04/26/2011
<b>Decision Date:</b>	02/27/2014	<b>UR Denial Date:</b>	10/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### 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:

This 64-year-old male has been treated for severe lumbar kyphoscoliosis. According to [REDACTED] initial report, dated 5/14/13, the claimant's biggest issue was the inability to stand upright; he stood completely bent over in an almost 90 degree fashion. There were issues related to chronic back and leg pain. X-rays obtained that day demonstrated severe kyphoscoliosis. A thoracic and lumbar CT and MRI scans were performed, which demonstrated the same with stenosis at multiple levels.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The request for anterior approach L2-S1 followed by T5-S1 fusion:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation the Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Wheelless' Textbook of Orthopedics.

**Decision rationale:** As this is a case of adult scoliosis with significant deformity, the California MTUS Guidelines and Official Disability Guidelines do not address this issue. If one looks towards Wheelless' Textbook of Orthopedics, indications for fusion in an adult patient for scoliosis include chronic pain in a curve greater than 60 degrees. A combined anterior release

with fusion in addition to posterior fusion instrumentation is indicated for rigid curves greater than 70 degrees. Inadequate documentation has been provided by [REDACTED], as there is no measurement of curves or the degree of kyphotic deformity present. Absent appreciation of the amount of kyphotic deformity and level of scoliosis present on radiographs, this surgery as requested cannot be certified

**IF unit for 30 days or for purchase:** 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.