

<b>Case Number:</b>	CM13-0055432		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	05/22/2008
<b>Decision Date:</b>	03/18/2014	<b>UR Denial Date:</b>	10/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2013

### 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 48 year old male status post industrial injury from 5/28/08. Complaints are of mid back pain and spasms. MRI 6/10/13 demonstrates levoscoliosis with degenerative disc disease C7-T1, T3-4, T5-6, T8-9 with moderate contact and distortion of the cord. Exam 8/23/13 demonstrates diffuse thoracic pain with depressed mood and normal neurologic examination.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Discectomy and fusion at T5-T11:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Spinal fusion

**Decision rationale:** The Physician Reviewer's decision rationale: CA MTUS/ACOEM is silent on the issue of thoracic fusion. Regarding spinal fusion, the Official Disability Guidelines indicate that for chronic low back problems, fusion should not be considered within the first 6 months of symptoms, except for fracture, dislocation or progressive neurologic loss. Criteria

include Neural Arch Defect - Spondylolytic spondylolisthesis, congenital neural arch hypoplasia, Segmental Instability, Primary Mechanical Back Pain (i.e., pain aggravated by physical activity)/Functional Spinal Unit Failure/Instability, among others. In this case, none of the guideline criteria have been met. There is no evidence of thoracic myelopathy or correlating physical examination. Therefore the determination is non-certification.