

<b>Case Number:</b>	CM13-0060657		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	03/29/2010
<b>Decision Date:</b>	05/07/2014	<b>UR Denial Date:</b>	11/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery (Spine Fellowship), 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 expert 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:

According to the records made available for review, this is a 42-year-old male with a 3/29/10 date of injury, and anterior lumbar fusion at L4-L5 and L5-S1 in 2012. At the time (11/15/13) of request for authorization for surgical procedure: L4-S1 revision posterior fusion, decompression L5-S1 and medical clearance, there is documentation of subjective (pain across the lower back with paresthesias down the posterior thigh, calves, and feet) and objective (decreased and painful lumbar spine range of motion, positive Gaenslen test bilaterally, tenderness over the sciatic notch, positive straight leg raise bilaterally, and decreased sensation in the L5-S1 dermatomal distribution) findings, imaging findings (MRI lumbar spine (8/8/13) report revealed an intervertebral fusion by means of a metallic element at L4-5 with no significant central canal or foraminal stenosis, an intervertebral fusion at L5-S1, the L5 and the S1 nerve roots are normal, and the left transverse process of L5 is sacralized; CT lumbar spine (5/15/13) report revealed a solid fusion at both L4-L5 and L5-S1; lumbar spine x-rays (5/6/13) report revealed no evidence of hardware failure or loosening), current diagnoses (status post lumbar fusion L4-5 and L5-S1, lumbar facet syndrome, lower back pain, lumbar radiculitis, muscle spasm, and post-fusion syndrome), and treatment to date (back brace and medications). Medical report identifies that pain is coming from the L5-S1 level in the form of pseudoarthrosis and possible continued interface motion at L4-L5; and a request for an L4-S1 supplementary posterior fixation to address the pseudoarthrosis at L5-S1 and the possible interfacet motion at L4-5; and if during the surgery there is no motion at L4-5, then L4-5 will not receive posterior supplemental fusion, will decompress the L5-S1 level, and possibly the L4-5 level to alleviate the lateral recess stenosis and foraminal stenosis. There is no documentation of imaging documenting pseudoarthrosis, nonunion or hardware failure/migration.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **SURGICAL PROCEDURE:L4-S1 REVISION POSTERIOR FUSION, DECOMPRESSION L5-S1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 305-307.

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) reference to American College of Occupational and Environmental Medicine (ACOEM) identifies documentation of severe and disabling lower leg symptoms in the distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise; Activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms; Failure of conservative treatment; and an Indication for fusion (instability OR a statement that decompression will create surgically induced instability), as criteria necessary to support the medical necessity of laminotomy/fusion. Medical Treatment Guideline identifies documentation of imaging documenting pseudoarthrosis, nonunion or hardware failure/migration (surgeon and radiologist must agree), as criteria necessary to support the medical necessity of surgical intervention. Within the medical information available for review, there is documentation of diagnoses of status post lumbar fusion L4-5 and L5-S1, lumbar facet syndrome, lower back pain, lumbar radiculitis, muscle spasm, and post-fusion syndrome. In addition, there is documentation of subjective (pain across the lower back with paresthesias down the posterior thigh, calves, and feet) and objective (decreased and painful lumbar spine range of motion, positive Gaenslen test bilaterally, tenderness over the sciatic notch, positive straight leg raise bilaterally, and decreased sensation in the L5-S1 dermatomal distribution) findings. Furthermore, there is documentation of a rationale identifying that pain is coming from the L5-S1 level in the form of pseudoarthrosis and possible continued interface motion at L4-L5, a request for an L4-S1 supplementary posterior fixation to address the pseudoarthrosis at L5-S1 and the possible interfacet motion at L4-5, and if during the surgery there is no motion at L4-5, then L4-5 will not receive posterior supplemental fusion, will decompress the L5-S1 level and possibly the L4-5 level to alleviate the lateral recess stenosis and foraminal stenosis. However, given documentation of imaging findings (MRI lumbar spine identifying an intervertebral fusion by means of a metallic element at L4-5 with no significant central canal or foraminal stenosis, an intervertebral fusion at L5-S1, the L5 and the S1 nerve roots are normal, and the left transverse process of L5 is sacralized; CT lumbar spine identifying a solid fusion at both L4-L5 and L5-S1; and lumbar spine x-rays identifying no evidence of hardware failure or loosening), there is no documentation of imaging documenting pseudoarthrosis, nonunion or hardware failure/migration. The request for surgical procedure L4-S1 revision posterior fusion, decompression L5-S1 is not medically necessary based on a review of the guidelines and the evidence submitted.

**MEDICAL CLEARANCE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.