

<b>Case Number:</b>	CM14-0015252		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	04/01/2012
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	01/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2014

### **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 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:

The patient is a 25-year-old female with a 4/1/12 date of injury, when she was lifted a 250-pound individual. Prior to that incident, she was involved in an MVA and underwent L5-S1 fusion. 2/15/13 CT did not reveal hardware failure or significant lucency in the screws. Metallic components were intact. However definite complete fusion was also not seen. 1/9/14 Progress note described ongoing low back pain, decreased sensation on the left, and intact strength. 9/26/13 Progress note described reduced range of motion, full strength in the lower extremities, subjectively diffuse decreased L5-S1 sensation, and positive SLR.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**INPATIENT RE-FUSION L5-S1 BODY PART: LUMBAR:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer based his/her decision on the MTUS ACOEM Practice Guidelines, Chapter 12: Low Back Complaints, page 307 and on the Non-MTUS Official Disability Guidelines (ODG), Low Back Chapter; Lumbar Fusion.

**Decision rationale:** Medical necessity for the requested re-fusion at L5-S1 is established. This request obtained an adverse determination due to lack of documented significant functional limitations, and revision surgery was not anticipated to bring substantial improvement. There was no CT evidence of hardware failure, and it was not documented that a bone stimulator had been attempted for the possible psuedoarthrosis. The patient is a smoker, thus placing at further risk for psuedoarthrosis following additional surgery. However, due to imaging evidence of psuedoarthrosis and continued pain complaints, thus interfering with ADLs, the request is substantiated. It is unlikely that a bone stimulator alone would complete fusion, so many years following the initial surgery. Smoking cessation should be encouraged, however in itself is not a contraindication to surgical intervention. Due to corroborating clinical and imaging evidence, the request is substantiated.