

<b>Case Number:</b>	CM14-0016681		
<b>Date Assigned:</b>	04/11/2014	<b>Date of Injury:</b>	05/05/1994
<b>Decision Date:</b>	05/12/2014	<b>UR Denial Date:</b>	01/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2014

### 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 New York. 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 62 year-old female who was injured at work on May 5, 1994. The patient has lumbar spinal stenosis. Her status posts multiple surgeries of the lumbar spine. The CT from November 2005 showed new endplate fractures at T11-T12 and L1 after scoliosis surgery. MRI from November 2013 showed postoperative changes with multiple levels of disc degeneration especially at L5-S1 with moderate stenosis. X-rays show stable multilevel degenerative changes with osteopenia. At issue is whether L3 osteotomy and revision of L5-S1 fusion and revision of T9-S1 fusion is medically necessary. The patient's neurological exam does not show a significant neurologic deficit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**COMBINED LUMBAR SPINE FUSION:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** This patient does not meet established criteria for lumbar fusion. Specifically, there is no documented lumbar instability, fracture or tumor. In addition the patient does not have progressive neurologic deficit. The patient has had multiple previous thoracic and

lumbar surgeries. The medical records do not document the presence of pseudoarthrosis or failure of fusion. The medical records do not document additional instability or severe neurologic deficit. Extensive long fusion with osteotomy has not been shown to improve clinical outcomes in cases of multiple lumbar degenerative discs. In addition, the patient has significant osteopenia and risk factors for multiple level fusion failure. Criteria for multiple level fusions are not met. The medical records do not indicate any reason to substantiate lumbar fusion. Lumbar fusion in this case is not medically necessary.