

<b>Case Number:</b>	CM14-0110741		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	01/04/2011
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	07/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2014

### 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 Spine Surgeon and is licensed to practice in Texas. 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 injured worker is a 47-year-old male who reported an injury on 01/04/2011 secondary to heavy lifting. Current diagnoses include lumbar spine sprain/strain, herniated nucleus pulposus at L4 through S1, and grade I anterolisthesis at L5-S1. It is noted that the injured worker underwent a lumbar discectomy in 02/2013. Previous conservative treatment also includes physical therapy, acupuncture treatment, home exercise, heat/cold therapy, TENS therapy, epidural steroid injections, and facet injections. The injured worker was evaluated on 06/19/2014 with complaints of persistent lower back pain with radicular symptoms in the bilateral lower extremities. Physical examination revealed positive straight leg raising bilaterally, 1+ reflexes in the bilateral ankles, paraspinal tenderness and spasm, hypoesthesia in the anterolateral aspect of the foot and ankle, and weakness in the great toe dorsiflexor and plantar flexor bilaterally. Treatment recommendations at the time included a posterior lumbar interbody fusion at L4-5 and L5-S1. It is noted that the injured worker underwent an MRI of the lumbar spine on 05/04/2013 which indicated a broad based disc extrusion with hypertrophy of the facet joints at L4-5. Disc measurements included 4.2 mm on flexion and 4.8 mm on extension. The injured worker also underwent electrodiagnostic studies on 05/03/2013 which indicated denervation changes at L5-S1 and L4-5. There was no request for authorization form submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Posterior lumbar interbody fusion at L4-L5 and L5-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, low back - lumbar & thoracic (acute and chronic), fusion (spinal)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Fusion (spinal).

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation may be indicated for patients who have severe and disabling lower extremity symptoms, activity limitation for more than 1 month, clear clinical, imaging, and electrophysiologic evidence of a lesion, and a failure of conservative treatment. The Official Disability Guidelines state preoperative surgical indications for a spinal fusion should include the identification and treatment of all pain generators, completion of all physical medicine and manual therapy interventions, documented instability upon x-ray or CT myelogram, spine pathology that is limited to 2 levels, and a psychosocial screening. As per the documentation submitted, the injured worker has completed an extensive amount of conservative treatment. However, there is no documentation of segmental instability. There is also no documentation of a psychosocial screening prior to the request for a lumbar fusion. Therefore, the injured worker does not currently meet criteria for the requested procedure. As such, the request is not medically appropriate at this time.