

<b>Case Number:</b>	CM14-0171044		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	09/24/2010
<b>Decision Date:</b>	12/02/2014	<b>UR Denial Date:</b>	09/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2014

### 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 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 58 years old male claimant with an industrial injury dated 09/24/10. CT scan dated 12/06/13 reveals retrolisthesis at L2-3 and L4-5 with mild degenerative disc disease and facet arthropathy. Also there was evidence of neural foraminal narrowing including L3-4, L4-5, and L5-S1 with neural foraminal narrowing and abnormal discogram with central protusion annular tissuing noted at L2-3 and L4-5. Conservative treatments have included medications, chiropractic, and acupuncture, along with a previous decompression at L4-5 dated 08/09/12. Exam note 09/04/14 states the patient returns with low back pain. The patient explains that the pain is radiating down to the lower extremities. Upon physical exam the patient demonstrated an antalgic gait. He demonstrated a decreased range of motion and limited motor strength. There was evidence of tenderness surrounding the lumbar spine. The patient had positive SLR and hyperreflexic Achilles reflexes. Treatment includes a continuation of medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Posterior Spinal Fusion:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guideline (ODG), Treatment Index 12th Editio (web), 2014, Low Back - fusion

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Fusion

**Decision rationale:** The ACOEM Guidelines Chapter 12 Low Back Complaints page 307 state that lumbar fusion, "Except for cases of trauma-related spinal fracture or dislocation, fusion of the spine is not usually considered during the first three months of symptoms. Patients with increased spinal instability (not work-related) after surgical decompression at the level of degenerative spondylolisthesis may be candidates for fusion." According to the ODG, Low back, Fusion (spinal) should be considered for 6 months of symptom. Indications for fusion include neural arch defect, segmental instability with movement of more than 4.5 mm, revision surgery where functional gains are anticipated, infection, tumor, deformity and after a third disc herniation. In addition, ODG states, there is a lack of support for fusion for mechanical low back pain for subjects with failure to participate effectively in active rehab pre-op, total disability over 6 months, active psych diagnosis, and narcotic dependence. In this particular patient there is lack of medical necessity for lumbar fusion as there is no evidence of segmental instability greater than 4.5 mm or psychiatric clearance to warrant fusion from the exam note of 9/4/14. Therefore the determination is non-certification for lumbar fusion.

**Facility x23hours observation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12th Edition (web), 2014, Low Back - Fusion

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

**Decision rationale:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.