

<b>Case Number:</b>	CM14-0035283		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	07/07/2009
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	02/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/21/2014

### 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 Ortho-Spine 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 60-year-old male with chronic low back pain and radiation to the left leg. His date of injury July 7, 2009. The patient has had physical therapy. The patient has not tried injection therapy. He does use narcotics. Physical examination shows loss of lumbar range of motion. Straight leg raising is positive at 60. There is muscle spasm in the paraspinal muscles. Physical exam does not show any change in sensory motor or deep tendon reflexes. MRI (magnetic resonance imaging) shows L2-3 advanced disc degeneration. There is also disc protrusion at L2-3. At L4-5 there is spondylolisthesis. No flexion-extension views are present the medical records. At issue is whether spinal fusion surgery is medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **L2-5 FUSION:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Fusions, Carragee, E. J., (2010). The increasing morbidity of elective spinal stenosis surgery: Is it necessary? Journal of the American Medical Association (JAMA). Apr7: 303-1309, and Videbaek, T. S., Bunge, C. E., Henriksen, M., Egund, N., Christensen, F. B. Sagittal spinal balance after lumbar spinal fusion. Spine.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 307-322.

**Decision rationale:** This patient has lumbar disk degeneration without documented radiographic evidence of instability at any lumbar segment and he does not meet established criteria for lumbar fusion. There is also no MRI (magnetic resonance imaging) evidence of significant neural compression in the lumbar spine. There is also no evidence of fracture, or concern for tumor. Lumbar fusion surgery is not more likely than conservative measures to relieve this patient's back pain. Multiple level fusion surgery is not medically necessary and not supported in the current peer review literature. Fusion surgery at multiple levels of degenerative disc condition is not likely to be effective in alleviating chronic back pain. Based on the above, the request for L2-5 fusion is not certified.