

<b>Case Number:</b>	CM14-0036069		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	08/15/2008
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	02/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2014

### 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, has a subspecialty in Orthopedic 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 injured worker is a 64 year old female with chronic back pain. She has had 3 surgeries, ESI, and pain medication. She had lumbar decompression surgery and cervical c5-6 fusion. He had lumbar fusion l4-S1. She still has back pain MRI 10/3/2013 shows no evidence of stenosis, and anterior fusion present. There is no recent documented physical exam showing neurologic deficit. A CT in 2012 does not show instability. At issue is whether or not revision fusion is needed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ONE POSTERIOR SPINAL FUSION AND INSTRUMENTATION: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back. Lumbar and Thoracic (Acute & Chronic) Patient Selection Criteria for Lumbar Spinal Fusion.

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

**Decision rationale:** This patient has lumbar pain after decompression and fusion surgery. There is no MRI evidence of significant neural compression in the lumbar spine. There is also no evidence of failure of fusion, fracture, or concern for tumor. Lumbar fusion surgery is not more

likely than conservative measures to relieve this patient's back pain. There is no documented CT evidence of failure of fusion. There is no documented instability. There is no documented significant neurologic deficit on examination. Revision fusion surgery is not needed.