

<b>Case Number:</b>	CM14-0044235		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	02/10/1995
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	04/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/11/2014

### 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 Neurological 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 injured worker is a 56-year-old female who was reportedly injured on 2/10/1995. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated 3/3/2014, indicates there were ongoing complaints of neck pain radiating to her right shoulder and scapular. Low back pain was radiating to the right hip. The physical examination demonstrated neurological: C6 was diminished. Motor strength - upper and lower extremities 5/5. Reflexes upper and lower extremities 2+/2+. Negative Hoffman's. Negative Babinski. Negative straight leg raise. Antalgic gait. Positive tenderness to palpation on the right side of her mid back just above instrumentation. Diagnostic imaging studies: Computed tomography (CT) myelogram of the cervical and lumbar spine 7/31/13 was referenced in this note. Official radiological report was not available for review. Previous treatment included previous cervical fusion lumbar surgery and medications to include Ambien, trazodone, methadone, Lidoderm patch, Colace and Valium. A request was made for C3-C7 anterior cervical discectomy and fusion, L4-S1 posterior spinal fusion, three day length of stay, assistant surgeon and was not certified in the pre-authorization process on 4/2/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L4-S1 Posterior Spinal Fusion:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 11th Edition (web) 2014.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**Decision rationale:** Spinal fusion in the absence of fracture, dislocation, compensations of tumor or infection is not recommended. 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. There was no scientific evidence about the long-term effectiveness of any form of surgical decompression or fusion for degenerative lumbar spondylosis compared with the natural history, placebo, or conservative treatment. There is no good evidence from controlled trials that spinal fusion alone is effective for treating any type of acute low back problem, in the absence of spinal fracture, dislocation, or spondylolisthesis if there is instability and motion in the segment operated on. It is important to note that although it is being undertaken, lumbar fusion in patients with other types of low back pain very seldom cures the patient. This request is not medically necessary.