

<b>Case Number:</b>	CM14-0047700		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	05/05/2011
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	03/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2014

### 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 claimant is a 39-year-old injured in work related accident on May 5, 2011. Records indicate injury to the low back for which this individual is status post a prior L5-S1 decompression as well as 2012 laminectomy and fusion at the L5-S1 level. Recent imaging for review is a December 17, 2013 progress report specific to the L4-5 level showing no disc protrusion with no central canal stenosis, neuroforaminal narrowing or neurocompressive findings. The L5-S1 level is with stable fusion process and a 1 mm disc bulge. Pain was noted to be of continued complaints of low back and leg pain. A March 25, 2014 follow up assessment with orthopedic spine surgeon indicating continued complaints of pain with no improvement in current symptoms. Examination showed lumbar tenderness to palpation with restricted range of motion at end points, 5/5 motor strength, diminished left L4 and L5 dermatomal sensation and equal and symmetrical reflexes. Reviewed was the claimant's December, 2013, MRI scan. Based on clinical findings and failed care, an L4-5 anterior/posterior fusion with a three day inpatient stay was recommended for further intervention.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L4-L5 Anterior/Posterior Fusion 3-Day Inpatient Stay.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG: [www.ODG-TW.com](http://www.ODG-TW.com), section Low Back-Lumbar & Thoracic (Acute and Chronic\_ (Updated 2/13/2014).

**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)-- Official Disability Guidelines Treatment in Worker's Comp , 18th Edition, 2013 Updates: low back procedure - Fusion (spinal).

**Decision rationale:** Based on the Low Back Complaints Chapter of the ACOEM Practice Guidelines and supportive Official Disability Guidelines criteria, an L4-5 fusion with a three day inpatient stay would not be indicated. Guidelines would support the role of fusion in settings of segmental instability, spinal fracture or dislocation. The Low Back Complaints Chapter of the ACOEM Practice Guidelines states, " 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 is no scientific evidence about the long-term effectiveness of any form of surgical decompression or fusion for degenerative lumbar spondylosis compared with natural history, placebo, or conservative treatment." This individual demonstrates no indication of segmental instability or neurocompressive pathology at the L4-5 level to acutely support need for operative procedure. With negative imaging at the L4-5 level, based on recent MRI assessment and no indication of plain film radiographs showing motion at the L4-5 level, there would be no acute indication for the fusion and three day length of stay as requested. Therefore, the request for L4-L5 anterior/posterior fusion with three day inpatient stay is not medically necessary or appropriate.