

<b>Case Number:</b>	CM14-0053337		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	02/18/2009
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	04/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2014

### 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:

This 38-year-old female legal secretary sustained an industrial injury on 2/18/09. The injury occurred while squatting and pushing files. She was status post anterior lumbar discectomy and interbody fusion on 8/14/12. The patient reported continued and severe back pain that did not improve with surgery. The 8/30/13 lumbar CT scan impression documented status post interbody fusion at L5/S1 and the fusion appeared to be intact. At L5/S1, there appeared to be a 3 mm left paracentral/foraminal disc protrusion combined with facet arthropathy resulting in neuroforaminal narrowing. There was a questionable 1-2 mm disc protrusion at L4/5 which did not appear to result in any spinal canal or neuroforaminal stenosis. The 9/30/13 spine surgeon report cited CT scan findings of a pseudoarthrosis in the L5/S1 anterior lumbar interbody fusion which required supplemental posterior fixation. He reported lucency through the interbody area. He stated that this was highly typical of pseudoarthrosis and micromotion seen in the stand alone anterior lumbar interbody fusions where continued motion across the facet complex caused significant pain. There was also a vestigial S1, S2 level and some facet hypertrophy which could cause back pain. The 2/27/14 treating physician report cited severe back pain. Posterior spinal fusion with supplemental fixation had been recommended. A physical exam documented diffuse tenderness, limited range of motion, positive bilateral straight leg raise and diffuse hypesthesia to light touch and pinprick throughout. The treating physician stated that there appeared to be a mobile segment between S1 and S2 that was not addressed by the initial lumbar fusion and the patient had remained extremely symptomatic. The 4/1/14 utilization review denied the request for Lumbar Spine Fusion L5 to S1 as there was no imaging evidence of non-union or pseudoarthrosis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar spine fusion L5 to S1.: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305, 307.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 209-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic, Fusion (spinal).

**Decision rationale:** The California MTUS Guidelines do not provide specific recommendations for posterior lumbar fusion following anterior fusion failure. The Official Disability Guidelines (ODG) recommended revision surgery for failed previous operations if significant functional gains are anticipated. Revision surgery for the purposes of pain relief must be approached with extreme caution due to less than 50% success rate reported in medical literature. Pre-operative clinical surgical indications require completion of all physical therapy and manual therapy interventions, x-rays demonstrating spinal instability, spine pathology limited to 2 levels, and psychosocial screening with confounding issues addressed. The guideline criteria have not been met. There was no imaging evidence of pseudoarthrosis noted on the 8/30/13 CT scan report. There is no detailed documentation that recent comprehensive pharmacologic and non-pharmacologic conservative treatment had been tried and failed. There also is no radiographic evidence of segmental instability. Psychosocial screening is not evident therefore the request for Lumbar Spine Fusion L5 to S1 is not medically necessary.