

<b>Case Number:</b>	CM14-0055917		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	08/04/1980
<b>Decision Date:</b>	09/03/2014	<b>UR Denial Date:</b>	03/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/25/2014

### 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 Texas. 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 71 year old male who had a reported date of injury of 08/04/1980. There has been no documentation of mechanism of injury. The injured worker complains of chronic low back pain and right leg weakness. He has undergone a previous surgery with posterior laminectomy and posterior spinal fusion from L1 to S1. He mentions that the pain is increasing. There are no bowel or bladder dysfunction symptoms noted. Electromyogram dated 02/11/13 is reported as showing mixed sensory and motor polyneuropathy. X-rays of the lumbar spine dated 02/19/14 contiguous bilateral pedicle screws and rod fixation from L1 to S1 bilaterally with two pedicle screws in all 5 lumbar vertebrae and S1. There is also bilateral posterior bone graft fusion of the facets throughout these levels. Laminectomy is noted at all levels from L1 to L5. Magnetic resonance image dated 11/20/13 noted straightening of the lumbar lordosis seen postoperative changes status post laminectomy and posterior fusion from L1-2 to L5-S1. Postoperative suspected seroma from L1-2 to L3-4 is demonstrated, similar in appearance between the studies. It measures 8.8 cm superiorly and inferiorly by 2.7 cm transversely by 1.1 cm AP dimension and does not encroach on the thecal sac. The conus is appreciated at T12-11. The paraspinal soft tissues are remarkable for probable renal cyst bilaterally. Physical examination dated 01/08/14 noted there is kyphosis at the proximal end of the fusion or just above the level. Range of motion of the lumbar spine is limited due to the fusion. Motor strength in the right leg is limited in all groups. The most affected are the dorsiflexors and the toes and ankles at 3+/5. There was no mention of pathological reflexes or clonus.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Insert spine fixation device:** 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), Other Clinical Protocol.

**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) Low back chapter, fusion.

**Decision rationale:** The Expert Reviewer based his/her decision on the MTUS ACOEM Practice Guidelines, Chapter 12 Low Back Complaints, page 307 and on the Non-MTUS Official Disability Guidelines (ODG) Low back chapter, fusion. The Expert Reviewer's decision rationale: The request for an Insert spine fixation device, regarding fusion from T10 to the pelvis is not medically necessary. The clinical documentation submitted does not support the request. X-rays of the lumbar spine dated 02/19/14 contiguous bilateral pedicle screws and rod fixation from L1 to S1 bilaterally with two pedicle screws in all 5 lumbar vertebrae and S1. There is also bilateral posterior bone graft fusion of the facets throughout these levels. There is no discussion or mention of sagittal or axial imbalance. Therefore, the request is considered not medically necessary.