

<b>Case Number:</b>	CM14-0070196		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	05/11/2006
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	05/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2014

### 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 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 60-year-old male who sustained a vocational slip and fall injury on May 11, 2006. The records provided for review document that the claimant is status post lumbar fusion and his current working diagnosis is L2 compression fracture which is healed and severe degenerative disc disease with severe foraminal stenosis at L3-4. The report of the office on May 29, 2014 noted severe low back and left leg pain. Physical examination revealed 5/5 strength in the lower extremities for all muscle groups, moderate tenderness to palpation, tension signs were negative and sensation was intact in all dermatomes. There was some left thigh and calf atrophy and the range of motion of the back remained unchanged. Conservative treatment to date has included narcotics and anti-inflammatories. The report of an MRI of the lumbar spine dated April 21, 2014 showed minimal central canal stenosis and minimal to mild bilateral neural foraminal stenosis at the L4-5 level secondary to a 4.5 millimeter broad based disc protrusion. There was minimal to mild central canal stenosis and mild bilateral neural foraminal stenosis at the L3-4 level secondary to a 5.5 millimeter right paracentral broad based disc herniation and short pedicle and mild ligamentum flavum redundancy were noted. There was mild central canal stenosis seen at L2-3 secondary to a 3.0 millimeter broad based disc protrusion, short pedicles and moderate ligamentum flavum redundancy. There are postsurgical changes and other findings noted in the lower lumbar spine. This request is for L3-4 posterior lumbar interbody fusion with posterior spinal instrumentation and fusion at L3-5 allograft and autograft.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L3-L4 Posterior lumbar interbody fusion with posterior spinal instrumentation and fusion at L3-L5 allograft and autograft: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Low Back Procedure Summary.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back chapter - Spinal Fusion.

**Decision rationale:** Based on the California ACOEM Guidelines and supported by the Official Disability Guidelines, the request for L3-L4 posterior lumbar interbody fusion with posterior spinal instrumentation and fusion at L3-L5 allograft and autograft is not recommended as medically necessary. Documentation fails to acknowledge the claimant's current or recent smoking status which would be imperative to note prior to considering fusion surgery of the lumbar spine. Documentation fails to establish that there has been significant attempted, failed, and exhausted conservative treatment prior to recommending surgical intervention in the form of a lumbar fusion. Documentation fails to establish that there has been a psychosocial screen which is recommended prior to considering fusion surgery. Documentation fails to establish that there is any significant instability either on physical exam or diagnostic studies which would medically necessitate lumbar fusion surgery as recommended by ACOEM Guidelines. Therefore, based on the documentation presented for review and in accordance with California ACOEM and Official Disability Guidelines, the request for surgical intervention cannot be considered medically necessary.

**Pre-Op Medical Clearance:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Low Back Procedure Summary.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.