

<b>Case Number:</b>	CM14-0083009		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	11/24/1997
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	05/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2014

### 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 61 year old male. His date of injury was in the distant past, listed as 11/24/1997. He has low back pain. There is a fusion from L3 to S1 performed in 2005. He had a previous laminectomy and foraminotomy at L5 in 1998. The pain is at L2-3 region. He has continued low back pain. He is tender in his mid lumbar spine region. He has decreased range of motion as not unexpected with his multiple-level fusion. His strength is 5/5 with no sensory or reflex deficits noted. Radiographs demonstrate adjacent segment degenerative changes at L2-3. A magnetic resonance imaging dated 5/14/2014 demonstrates an intact fusion with no signs of pseudoarthrosis and a capacious thecal sac. At L2-3, there is mention of artifact and a 2 mm disc bulge.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L2-3 lumbar interbody fusion with posterior lateral fusion, L2-3 posterior nonsegmental instrumentation, L2-3 intervertebral device, L3-S1 removal posterior segmental instrumentation, L3-S1 exploration of fusion mass: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**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 - Lumbar & Thoracic (Acute & Chronic), Fusion (spinal).

**Decision rationale:** The requested L2-3 lumbar interbody fusion with posterior lateral fusion, L2-3 posterior nonsegmental instrumentation, L2-3 intervertebral device, L3-S1 removal posterior segmental instrumentation, L3-S1 exploration of fusion mass is not medically necessary. Per American College of Occupational and Environmental Medicine guidelines, 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. Injured worker's 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. 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 injured workers with other types of low back pain very seldom cures the injured worker. Per Official Disability Guidelines, pre operative indications for spinal fusion are not met. There has not been adequate conservative treatment documented of treatment directed at L2-3 level. There are no notes regarding physical therapy for mid back pain. There is no evidence of instability on radiographs, and magnetic resonance imaging does not have pathology correlating with symptoms at that level. The injured worker has no neurologic deficits or provocative testing. This injured worker has low back pain. He has a solid fusion supported by radiographs and magnetic resonance imaging. Thus, there is no indication for exploration of fusion and removal of hardware. There is no evidence of instability in the official magnetic resonance imaging report and providers clinic visit in April 2014 in which radiographs were obtained. There are no symptoms correlating with magnetic resonance imaging. There has not been provided current conservative measures, including physical therapy which have been tried and failed. Therefore, the injured worker does not meet American College of Occupational and Environmental Medicine and Official Disability Guidelines in which fusions are carried out for instability. Therefore, this request is not medically necessary.