Case Number:	CM14-0088758		
Date Assigned:	09/08/2014	**Date of Injury:**	02/24/2007
Decision Date:	10/09/2014	**UR Denial Date:**	06/10/2014
Priority:	Standard	**Application Received:**	06/12/2014

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, has a subspecialty in Spinal 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:

65-year-old, claimant with reported industrial injury of 2/24/07. Examination note from 11/13/13 demonstrates chronic low back pain with right leg pain. Report is made of conservative therapy. Exam note 1/30/13 requests a lumbar myelogram with CT scan. Exam note from 3/25/14 demonstrates complaints of back and leg pain. Exam demonstrates antalgic gait. Radiographs demonstrate report of normal L3/4 spine unit, L4/5 disc collapse of 6 mm, L5/S1 4 mm collapse. Exam states the neurologic evaluation is unchanged. Report is made of internal disc disruption syndrome, discogenic pain, stenosis and instability with failure of conservative treatment. No attached physical therapy notes or other conservative therapies are attached in the 31 pages of documents.

IMR ISSUES, DECISIONS AND RATIONALES

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

L3-S1 Laminectomy, Discetomy, L4-S1 Arthrodesis, Cages, PISF, EBI: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOME Guidelines; surgical consulain/intervention (pages 305-306)ODG; Low Back ChapterCA MTUS; regarding spinal fusion page 307

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, Fusion

Decision rationale: The ACOEM Guidelines Chapter 12 Low Back Complaints page 307 state that lumbar fusion, "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." According to the ODG, Low back, Fusion (spinal) should be considered for 6 months of symptom. Indications for fusion include neural arch defect, segmental instability with movement of more than 4.5 mm, revision surgery where functional gains are anticipated, infection, tumor, deformity and after a third disc herniation. In addition, ODG states, there is a lack of support for fusion for mechanical low back pain for subjects with failure to participate effectively in active rehab pre-op, total disability over 6 months, active psych diagnosis, and narcotic dependence. In this particular patient there is lack of medical necessity for lumbar fusion as there is no evidence of segmental instability greater than 4.5 mm or psychiatric clearance to warrant fusion. The exam note from 3/25/14 does not support any of the required criteria to support a lumbar fusion. Therefore the determination is not medically necessary for lumbar fusion.