

<b>Case Number:</b>	CM14-0099319		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	02/09/2012
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	05/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/27/2014

### 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 41-year-old male who reported an injury on February 9, 2012. The mechanism of injury was not stated. The current diagnosis is failed back syndrome with evidence of a recurrent disc herniation in the lumbar spine. The injured worker was evaluated on April 7, 2014 with complaints of constant lower back pain with radiation into the left lower extremity. The physical examination revealed tenderness to palpation, limited lumbar range of motion, decreased sensation in the left lower extremity, 5/5 motor strength in the bilateral lower extremities, and positive straight leg raising on the left. The treatment recommendations at that time included a 2 level fusion and 4 level decompression. It is noted that the injured worker underwent an MRI of the lumbar spine on March 18, 2014, which indicated a 5 mm broad based disc protrusion at L5-S1 with severe bilateral neural foraminal stenosis and moderate central canal stenosis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L5-S1 Posterior Fusion:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Fusion (spinal).

**Decision rationale:** The Low Back Complaints Chapter of the American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines state a referral for surgical consultation is indicated for patients who have severe and disabling lower extremity symptoms; activity limitation for more than 1 month; clear clinical, imaging, and electrophysiologic evidence of a lesion; and a failure of conservative treatment. Official Disability Guidelines state preoperative surgical indications for a spinal fusion should include identification and treatment of all pain generators, completion of all physical medicine and manual therapy interventions, documented instability upon x-ray or CT myelogram, spine pathology that is limited to two levels, and a psychosocial screening. As per the documentation submitted, there is no mention of an exhaustion of conservative treatment. There is no documentation of spinal instability upon flexion and extension view radiographs. There is also no evidence of a psychosocial screening prior to the request for a lumbar fusion. Based on the clinical information received and the above mentioned guidelines, the request for a L5-S1 Posterior Fusion is not medically necessary or appropriate.