

<b>Case Number:</b>	CM14-0003925		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	11/19/1996
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	12/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Orthopedic Surgery

### 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 47 year old female, who sustained an industrial injury on 11/19/1996. The diagnoses have included sprains and strains of the neck. Treatment to date has included conservative measures. On 12/13/2013, the injured worker complained of neck and low back pain. Pain was rated 7/10 in the neck and 9/10 in the low back. She reported radiation of back pain to her bilateral legs, with associated numbness and tingling. She reported radiation of neck pain to bilateral shoulders and arms, with associated numbness and tingling to the right hand. Physical exam of the cervical spine noted tenderness and spasm over the cervical paraspinal muscle in the left lateral, positive axial head compression, Spurling sign, and decreased sensation at the C6 and C7 dermatomes on the left. Lumbar exam was not documented. The PR2 report, dated 1/23/2014, noted magnetic resonance imaging of the lumbar spine as showing grade 2 spondylolisthesis at L5-S1, with bilateral to moderate foraminal stenosis. On 12/02/2013, Utilization Review non-certified a request for urgent L5-S1 decompression and fusion, noting the lack of compliance with MTUS/ACOEM Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**URGENT L5-S1 DECOMPRESSION AND FUSION:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307.

**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, severe stenosis or psychiatric clearance from the exam note of 01/23/14 to warrant fusion. Therefore the determination is non-certification for lumbar fusion.