

<b>Case Number:</b>	CM14-0196964		
<b>Date Assigned:</b>	12/05/2014	<b>Date of Injury:</b>	04/16/2009
<b>Decision Date:</b>	01/22/2015	<b>UR Denial Date:</b>	11/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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 Spine 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:

The injured worker is 49-year-old female with a reported date of injury of 04/16/2009. The mechanism of injury involved repetitive activity. The current diagnoses includes status post L4-5 lumbar decompression surgery, status post C5-6 anterior cervical discectomy and fusion, severe back pain with bilateral leg radiculopathy, and severe neck pain with right arm radiculopathy. The injured worker presented on 09/15/2014 with complaints of persistent neck and lower back pain. Previous conservative treatment is noted to include home exercise, acupuncture, and medication management. The injured worker is status post lumbar decompressive surgery on 01/17/2014. Physical examination on that date revealed weakness in the bilateral lower extremities, diminished sensation in the L5-S1 dermatomal distribution on the left, and 1+ ankle jerk reflexes. The treatment recommendations at that time included an L4-S1 posterior spinal fusion and decompression. A Request for Authorization Form was then submitted on 11/10/2014. It is noted that the injured worker underwent an MRI of the lumbar spine on 07/18/2014 which revealed a mild broad based posterior disc herniation at L5-S1 causing mild stenosis of the spinal canal, and stenosis of the bilateral neural foramen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L4 through S1 Posterior Spinal Fusion and Decompressions:** 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): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Fusion (spinal)

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation may be indicated for patients who have severe and disabling lower extremity symptoms, activity limitation for more than one month, clear clinical, imaging and electrophysiological evidence of a lesion, and failure of conservative treatment. The Official Disability Guidelines state, preoperative surgical indications for a spinal fusion should include the identification and treatment of all pain generators, the completion of all physical medicine and manual therapy interventions, documented instability upon x-ray or CT myelogram, spine pathology that is limited to 2 levels and a psychosocial screening. According to the documentation provided, the injured worker has been previously treated with medication. However, there is no evidence of an exhaustion of all conservative treatment. There was no evidence of spinal instability upon flexion and extension view radiographs. There is also no documentation of a psychosocial screening prior to the request for a lumbar fusion. Based on the clinical information received, the request is not medically appropriate at this time.