

<b>Case Number:</b>	CM14-0206564		
<b>Date Assigned:</b>	12/18/2014	<b>Date of Injury:</b>	05/27/2008
<b>Decision Date:</b>	02/13/2015	<b>UR Denial Date:</b>	11/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2014

### 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 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 a 59-year-old male who reported an injury on 05/27/2008. The mechanism of injury was not specifically stated. The current diagnoses include bilateral radiculopathy in the lumbar spine, lumbar disc degeneration, and lumbar spine scoliosis. The injured worker presented on 11/05/2014 with complaints of persistent lower back pain with bilateral lower extremity radiating symptoms. Previous conservative treatment was noted to include chiropractic therapy, acupuncture, an epidural steroid injection, medication management, and physical therapy. The current medication regimen includes Celebrex 200 mg. Upon physical examination, there was tenderness at the midline lower back and over the bilateral SI joints, 75% of normal range of motion limited by pain, 5/5 motor strength, and a normal gait. According to the documentation provided, the injured worker underwent an x-ray of the lumbar spine on 11/05/2014 which revealed a segmental collapse at the right L4-5 level. The treatment recommendations at that time included surgical intervention to include a posterior spinal fusion at L4-5 with instrumentation. A Request for Authorization form was then submitted on 11/06/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Posterior spinal fusion L4-5:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 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 California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation may be necessary for patients who have severe and disabling lower extremity symptoms; activity limitations for more than 1 month; clear clinical, imaging, and electrophysiologic 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 exhausted conservative treatment. However, there was no evidence of spinal instability upon flexion and extension view radiographs. There were no official imaging studies provided for this review. There was no mention of the completion of a psychosocial screening prior to the request for a lumbar fusion. The injured worker does not appear to meet criteria for the requested procedure. As such, the request is not medically appropriate at this time.