

<b>Case Number:</b>	CM14-0218137		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	03/23/2013
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	12/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/29/2014

### 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 56 year old male, who sustained an industrial injury on March 23, 2013. He has reported injury to his lower back. The diagnoses have included lumbar region spinal stenosis, lumbosacral spondylolisthesis, status post lumbar spine surgery, hip contusion and degenerative joint disease of the hips. Treatment to date has included physiotherapy, chiropractic care, orthopedic consultation, acupuncture, diagnostic studies and medication. His symptoms were noted to persist after physiotherapy, chiropractic care and acupuncture treatment. Currently claimant complains of right hip and left hip pain. Associated low back pain is noted. Exam demonstrates tenderness over the greater trochanter and no evidence of bruising, swelling or lesion present in bilateral hips. MRI lumbar spine from 2/2/14 demonstrates degenerative Grade I anterolisthesis at L4/5 with 2.7 mm that does move on flexion/extension views. Exam note 11/9/14 demonstrates that the injured worker complains of low back pain and bilateral hip pain. Lumbar spine range of motion was extension 0 degree, flexion 40 degrees, left lateral bending 15 degrees and right lateral bending 15 degrees. There was tenderness to palpation in the lumbar region and Lasegue's was positive bilaterally. On December 15, 2014 Utilization Review non-certified arthridisis (arthrodesis) of L4-L5 extreme lateral fusion, noting the CA MTUS Guidelines. On December 29, 2014, the injured worker submitted an application for Independent Medical Review for review of arthridisis (arthrodesis) of L4-L5 extreme lateral fusion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Arthridisis (Arthrodesis) of L4-L5 extreme lateral fusion:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines, 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, severe stenosis or psychiatric clearance from the exam note of 11/9/14 to warrant fusion. Therefore, the determination is non-certification for lumbar fusion.