

<b>Case Number:</b>	CM15-0000177		
<b>Date Assigned:</b>	01/09/2015	<b>Date of Injury:</b>	03/01/2004
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	12/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2014

### 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:

On 3/1/04, this 71 year old male suffered an industrial injury via cumulative trauma to the spine, bilateral upper and lower extremities. The injured worker complained of ongoing low back pain. Documentation did not disclose treatment obtained to date. Magnetic resonance imaging of the lumbar spine (8/22/14) showed severe central canal stenosis at L1-2, grade I retrolisthesis of L5 upon S1, severe facet arthropathy, moderate to severe bilateral foraminal narrowing at L4-5, severe right sided foraminal narrowing at L5-S1 and moderate left-sided foraminal narrowing. EMG/NCV (8/25/14) showed right S1 and possible L5 radiculopathy with acute denervation and peripheral polyneuropathy in the lower extremities, lateral femoral cutaneous neuropathy neuralgia paresthetica could not be ruled out. Current diagnoses included lumbar post laminectomy syndrome status post L2 through L4 fusion, bilateral greater trochanteric bursitis, status post bilateral total knee arthroplasty, bilateral carpal tunnel syndrome, depression, anxiety, sleep apnea, right lumbar facet syndrome and possible right lateral femoral cutaneous neuralgia. Work status was permanent and stationary. In a PR-2 dated 11/19/14, the injured worker complained of ongoing low back and bilateral lower extremity pain. The injured worker reported that medications provided more than 50% pain relief. Physical exam was remarkable for a slow, antalgic gait, decreased sensation in the right thigh, positive right straight leg raise. Lower extremities were grossly motor intact. The treatment plan included continuing medications, following up with a physician for surgery and going to the ER if urinary symptoms did not improve or worsened. The physician recommended weight loss and a home exercise

program. On December 10, 2014, Utilization Review non-certified a request for decompression and fusion, L4-5 and L5-S1, CT lumbar spine, citing the MTUS and ACOEM Guidelines

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Decompression and Fusion L4-5, L5-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

**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 11/19/14 to warrant fusion. Therefore the determination is non-certification for lumbar fusion.

#### **CT Lumbar Spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** CA MTUS/ACOEM Chapter 12 Low Back Complaints, pages 303-305 demonstrates a CT scan is indicated for bony structures if there is physiologic evidence of impairment. Per the exam note of 11/19/14, there is insufficient evidence of physiologic tissue insult or nerve impairment. Given the lack of objective evidence to support a CT scan, the request is not medically necessary and appropriate.

