

<b>Case Number:</b>	CM15-0002992		
<b>Date Assigned:</b>	01/13/2015	<b>Date of Injury:</b>	02/05/2009
<b>Decision Date:</b>	04/10/2015	<b>UR Denial Date:</b>	12/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2015

### 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: Minnesota, Florida  
 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:

This 44 year old woman sustained an industrial injury on 2/5/2009. The mechanism of injury is not detailed. Current diagnoses include left shoulder impingement and radiculopathy. Evaluations have included lumbar spine MRI dated 1/2014 showing significant degenerative disc disease at L4-5 with an annular tear and neuroforaminal stenosis status post laminectomy on the left. Treatment has included oral medications. Physician notes dated 9/22/2014 recommend L4-L5 interbody fusion, however, it is stated that the insurance has denied a request to perform this surgery in the past. There is no objective neurologic deficit on physical examination documented. Hypesthesia in the left foot was noted in the L5 distribution. There is no instability or spondylolisthesis. On 12/10/2014, Utilization Review evaluated a prescription for lumbar fusion at L4-L5. The UR physician noted a lack of evidence of muscle weakness in myotomal pathology, altered deep tendon reflexes, or spinal instability. There is no documentation of a psychological assessment. The MTUS, ACOEM Guidelines, (or ODG) was cited. The request was denied and subsequently appealed to Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Lumbar Fusion at L4-5: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Lumbar & thoracic (acute & chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307, 310.

**Decision rationale:** The MRI scan of the lumbar spine dated January 14, 2014 is noted. Mild degenerative disc disease was noted at L3-4 with mild posterior lateral disc bulge of 3 mm bilaterally. This caused mild bilateral lateral recess and mild bilateral foraminal encroachment but no definite nerve root abutment, displacement or impingement. At L4-5 there was a central posterior annulus tear with 3-4 mm central posterior disc protrusion indenting the anterior margin of the central CSF space. There appeared to have been posterior hemilaminectomy at the L4-5 level on the left. The central canal was patent. Lateral recesses were mildly encroached upon without definite nerve root abutment, displacement, or impingement. Neural foramina were mildly narrowed without intraneural foraminal nerve root abutment either. At L5-S1 there was no significant disc bulge or protrusion. The MRI scan did not show any evidence of spondylolisthesis or instability. The documentation from September 22, 2014 indicates a history of backaches after the decompression at L4-5 on the left in 2013. Examination revealed some sensory deficiencies in the left foot matching the L5 distribution but there was no motor weakness. No objective findings of radiculopathy were noted. California MTUS guidelines indicate that patients with increased spinal instability after surgical decompression at the level of degenerative spondylolisthesis may be candidates for a fusion. However, there is no scientific evidence about the long-term effectiveness of any form of surgical decompression or fusion for degenerative lumbar spondylosis compared with natural history, placebo, or conservative treatment. There is no good evidence from controlled trials that spinal fusion alone is effective for treating any type of acute low back problem in the absence of spinal fracture, dislocation, or spondylolisthesis if there is instability and motion in the segment operated on. Based upon the California MTUS guidelines in the absence of instability and spondylolisthesis after the surgical decompression at L4-5, the guidelines do not support the request for the spinal fusion and as such, the medical necessity of the request is not established.