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| <b>Case Number:</b>   | CM15-0006717 |                              |            |
| <b>Date Assigned:</b> | 01/21/2015   | <b>Date of Injury:</b>       | 02/13/2014 |
| <b>Decision Date:</b> | 03/23/2015   | <b>UR Denial Date:</b>       | 12/16/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/13/2015 |

### 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: 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 (IW) is a 57-year-old male, who sustained an industrial injury on February 13, 2014. He has reported right sided low back pain with associated numbness in the toes and was diagnosed with thoracic or lumbosacral neuritis or radiculitis, degeneration of the lumbar or lumbosacral intervertebral disc and gait abnormality. Treatment to date has included radiographic imaging, diagnostic studies, physical therapy, pain medications and functional modifications. Currently, the IW complains of chronic low back pain with associated numbness and radiating numbness and pain to the lower extremities. The IW complained of continued pain as previously described, following an industrial injury in 2014. Evaluation on November 13, 2014, revealed continued, severe pain symptoms. He wished to proceed with a lumbar surgery. On December 19, 2014, the pain continued. The right leg was noted to be becoming weaker. He did not undergo the recommended surgery at this point secondary to noted conflicting imaging results. On December 24, 2014, pain with neurologic weakness was noted. Positive radiographic images were noted. On December 16, 2014, Utilization Review non-certified a request for anterior lateral fusion at the lumbar 2, 3 and 4 level, posterior laminectomy at the lumbar 3-5 levels, posterolateral fusion at the lumbar 2-5 level with instrumentation and 5 days inpatient stay, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On January 13, 2015, the injured worker submitted an application for IMR for review of requested anterior lateral fusion at the lumbar 2, 3 and 4 level, posterior laminectomy at the lumbar 3-5 levels, posterolateral fusion at the lumbar 2-5 level with instrumentation and 5 days inpatient stay.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Anterior lateral fusion L2, additional level L3-4, posterior laminectomy L3-L5, posterolateral fusion L2-5 with instrumentation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation 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 11/13/14 to warrant fusion. Therefore the determination is non-certification for lumbar fusion.

**5 Day in-patient stay:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low back, length of stay

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.