

<b>Case Number:</b>	CM15-0148681		
<b>Date Assigned:</b>	08/11/2015	<b>Date of Injury:</b>	09/11/2011
<b>Decision Date:</b>	09/15/2015	<b>UR Denial Date:</b>	07/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2015

### 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:

The injured worker is a 54-year-old female, who sustained an industrial injury on 09-11-2011 secondary to a slip and fall resulting in right shoulder, bilateral knees, lower back and neck pain. On provider visit dated 04-24-2015 the injured worker has reported low back pain. On examination of the lumbar spine revealed tenderness in the lumbosacral spine area, and limited range of motion was noted. The diagnoses have included failed lumbosacral disc. Treatment to date has included medication. The provider recommended a circumferential fusion at L5-S1, which will be done in a staged fashion. On 05-12-2015, the injured work underwent radiology studies of the pelvis- lumbar spine revealed moderate degenerative disc disease in the lower thoracic and upper lumbar spine, mild degenerative disc disease at L5-S1 and mild to moderate degenerative facet arthropathy in the lower lumbar spine. The provider requested retro (DOS 5/26/15): posterior lumbar interbody at lumbosacral junction L5-S1 and retro (DOS 5/26/15): inpatient stay 10 days.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro (DOS 5/26/15): Posterior Lumbar Interbody at Lumbosacral Junction L5-S1:**  
 Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307 and 310. Decision based on Non-MTUS Citation ODG, Low Back, Fusion.

**Decision rationale:** California MTUS guidelines indicate patients with increased spinal instability after surgical decompression at the level of degenerative spondylolisthesis may be candidates for fusion. There is no scientific evidence about the long-term effectiveness of any form of surgical decompression or fusion for degenerative lumbar spondylosis compared with the 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. It is important to note that although it is being undertaken, lumbar fusion in patients with other types of low back pain very seldom cures the patient. In this case, the injured worker is a 54-year-old female with a date of injury of 9/11/2011. The lumbar MRI scan of 4/15/2014 revealed canal and neural foramina are patent at L5-S1, large lateral recesses and normal size and normal signal at the L5 and S1 nerve roots. There was facet arthropathy at L5-S1. There was no degenerative spondylolisthesis present. There was no documentation of instability on flexion/extension films. X-rays of the lumbar spine dated 5/12/2015 revealed moderate degenerative disc disease in the lower thoracic and upper lumbar spine. Mild degenerative disc disease was noted at L5-S1. Mild-to-moderate degenerative facet arthropathy was noted in the lower lumbar spine. Although the progress notes subsequently document degenerative disc disease and a central herniation at L4-5, which was the first mobile segment above a transitional vertebra, the official MRI report has not been submitted. The guidelines do not support a fusion for such a disc herniation in the absence of spondylolisthesis and instability at that level. ODG guidelines define instability as 20 degrees of angular motion on flexion/extension or 4.5 mm of horizontal translation on flexion/extension. This has not been documented. As such, the guidelines do not support the request for a posterior lumbar interbody fusion at L5-S1 and the medical necessity of the request has not been substantiated. The request is not medically necessary.

**Retro (DOS 5/26/15): Inpatient Stay 10 days: 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), Treatment Index, 11th Edition (web), 2014, Low Back, Hospital Length of Stay (LOS).

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

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

