

<b>Case Number:</b>	CM15-0184929		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	02/01/1999
<b>Decision Date:</b>	10/30/2015	<b>UR Denial Date:</b>	08/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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, Oregon, Washington  
 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 62 year old male who sustained an industrial injury on 02-01-1999. According to an orthopedic re-evaluation dated 07-16-2015, the injured worker reported ongoing pain and stiffness to his cervical spine and persistent pain to his mid and low back radiating down both lower extremities with numbness, tingling and weakness to the legs. He also reported anxiety, depression, and stress, difficulty sleeping and sexual dysfunction. He was currently not working. The provider noted that examination of the cervical spine, thoracic and lumbar spine remained essentially unchanged from that when last seen. The provider noted outside consultations that included an initial pain management evaluation on 04-04-2013 with recommendations of a left sacroiliac joint block injection and a discogram. On 05-30-2013, treatment recommendations included discography and anterior cervical decompression and fusion at C3-4 and C4-5 and removal of hardware at C5-6 and C6-7. Diagnoses included status post cervical spine surgery with residual symptoms, status post lumbar spine surgery with residual symptoms, failed back syndrome, lower extremity radiculopathy, nodules with drainage thoracic spine and lumbar spine etiology unknown possibly related to chronic patch usage, and psychological sequelae secondary to industrial injury deferred to the appropriate specialist. The injured worker remained permanent and stationary. Treatment recommendations included referral to a spine surgeon and to undergo spine surgery proposed and recommended by named provider. An authorization request dated 08-11-2015 was submitted for review. The requested services included referral to a spine surgeon in the MPN network within a reasonable distance from his home and undergo spine surgery proposed and recommended by named provider. On

08-26-2015, Utilization Review non-certified the request for spine surgery (unspecified specific surgery procedures and CPT Codes).

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

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

#### **Spine Surgery (Unspecified Specific Surgery Procedures and CPT Codes): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Fusion (spinal).

**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 symptoms. 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 notes provided to warrant fusion. Additionally the request does not specify the proposed surgery that is being planned. Therefore, the determination is non-certification for lumbar fusion.