

<b>Case Number:</b>	CM15-0185058		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	11/23/1999
<b>Decision Date:</b>	11/02/2015	<b>UR Denial Date:</b>	09/08/2015
<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 49-year-old male who sustained an industrial injury on January 23, 1999. Diagnoses have included displacement of lumbar intervertebral disc without myelopathy, lumbago, pain in limb, other musculoskeletal symptoms referable to limbs, disturbance of skin sensation, and other postsurgical status. Lumbar MRI performed 6-23-2015 compared to previous Lumbar MRI of 4-28-2014 stated "unchanged findings" at all levels, including disc height loss, straightening of spinal curvature, left-sided hernilaminotomies at L3-5, multilevel anterior osteophytes, and L3-5 moderate to severe left neural foraminal stenosis. The injured worker has had surgeries, therapies including chiropractic and physical therapy, and medication, but documentation is not provided with details or dates of service. The injured worker continues to report pain rated at 9 out of 10, and the physician has noted limping and atrophy of the left leg. In the 8-31-2015 note the physician states the injury is down to "bone on bone" at L4-5 and that surgery is needed "soon." The treating physician's plan of care includes L3-4-5 laminectomy interbody fusion with pedicle screws, a two day inpatient stay, and a CT scan of the lumbosacral spine, but this was denied on 9-8-2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L3-4-5 Laminectomy Interbody Fusion Pedicle Screws: 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 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 note of 8/31/15 to warrant fusion. Therefore the determination is non-certification for lumbar fusion.

**LOS: Inpatient X 2 Days:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

**CT Scan Of L/S:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Fusion (spinal).

**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 8/31/15, 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.

