

<b>Case Number:</b>	CM15-0185760		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	08/25/2010
<b>Decision Date:</b>	11/03/2015	<b>UR Denial Date:</b>	08/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2015

### 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 44 year old female, who sustained an industrial injury on 8-25-10. Current diagnoses or physician impression includes lumbar intervertebral disc displacement without myelopathy, lumbago and lumbar region spinal stenosis without neurogenic claudication. Her work status is modified duty. A note dated 8-17-15 reveals the injured worker presented with complaints of low back pain described as achy, stiff and sore (no leg pain) and is rated at 5 out of 10. She reports her symptoms have improved. A note dated 6-15-15 revealed complaints of low back pain that radiates down her left leg and is rated at 7 out of 10. A note dated 4-2-15 reveals complaints of increased low back pain that radiates to her left lower extremity associated with numbness and tingling. The injured worker reported increasing Norco due to the pain. A physical examination dated 8-17-15 revealed normal sensation to touch at the lumbar spine. Motor function is within normal limits of the bilateral lower extremities. Ankle and knee reflexes are intact and symmetrical. A physical examination dated 4-2-15 revealed paralumbar tenderness to palpation. Muscle testing was within normal limits in the bilateral lower extremities and the straight leg raise was negative bilaterally. Treatment to date has included facet steroid injections, which were not helpful per note dated 8-17-15, medications and home exercise program. In a physician note dated 6-15-15 it states the injured worker experienced worsening of symptoms after physical therapy. Diagnostic studies to date has included x-ray, which revealed moderate disc space narrowing at L5-S1, severe disc space narrowing at L4-L5, per physician note dated 8-17-15 and an MRI (2014) revealed "L4-L5 central disc herniation that effaces the thecal sac. In conjunction with facet ligamentous hypertrophy and ligamentum flavum hypertrophy narrow the left greater than right recess", per physician note dated 6-15-15. A request for authorization dated 8-17-15 for L4-L5 and L5-S1

transforaminal lumbar interbody fusion with laminectomy at L4, L5 and S1 is non-certified, per Utilization Review letter dated 8-24-15.

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

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

**L4-5, L5-S1 Transforaminal Lumbar Interbody Fusion With Laminectomy At L4, L5, S1:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.  
Decision based on Non-MTUS Citation ODG.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s):  
Surgical Considerations. 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 8/17/15 to warrant fusion. Therefore, the determination is not medically necessary.