

<b>Case Number:</b>	CM15-0194508		
<b>Date Assigned:</b>	10/08/2015	<b>Date of Injury:</b>	06/09/2011
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	09/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2015

### 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 53-year-old male, who sustained an industrial injury on 6-9-11. The injured worker was diagnosed as having spinal stenosis at L4-5 with neurogenic claudication with persistent left side radiculopathy, chronic left hip pain, and chronic myofascial pain. Treatment to date has included physical therapy, injections, acupuncture and medication including Tylenol. An x-ray of the lumbar spine obtained on 7-28-15 revealed retrolisthesis of L5 on S1 secondary to bilateral facet joint arthrosis with associated disc space narrowing and bilateral neuroforaminal narrowing. Degenerative disc disease and hypertrophic spondylosis at L3-4 and L5-S1 was noted. Facet joint arthrosis at bilateral L4-5 and L5-S1 was noted. Physical examination findings on 8-11-15 included a positive straight leg raise on the left with sluggish deep tendon reflexes bilaterally. Gait was not antalgic and no weakness in the lower extremities on manual muscle testing was noted. On 8-11-15, the injured worker complained of low back pain with frequent pain in the left leg. On 9-17-15 the treating physician requested authorization for L4-S1 decompression, L5-S1 transforaminal lumbar interbody fusion, an assistant surgeon, and an inpatient hospital stay. On 9-23-15, the requests were non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L4-S1 decompression, L5-S1 transforaminal lumbar interbody fusion: 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) - ([http://www.odg-twc.com/odgtwc/low\\_back.htm#Fusion](http://www.odg-twc.com/odgtwc/low_back.htm#Fusion)).

**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 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 8/11/15 to warrant fusion. Therefore, the determination is not medically necessary for lumbar fusion.

**Associated surgical service: assistant surgeon:** 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): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Fusion (spinal).

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

**Associated surgical service: inpatient hospital stay:** 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) - ([http://www.odg-twc.com/odgtwc/low\\_back.htm#Hospiallengthofstay](http://www.odg-twc.com/odgtwc/low_back.htm#Hospiallengthofstay)).

**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) and Low back section, Hospital length of stay.

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