

<b>Case Number:</b>	CM15-0020344		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	02/12/2000
<b>Decision Date:</b>	04/21/2015	<b>UR Denial Date:</b>	01/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2015

### 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

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 47-year-old male, who sustained an industrial injury on February 12, 2000. He reported a slip and fall incident. The injured worker was diagnosed as having lumbar sprain, displacement of thoracic or lumbar intervertebral disc without myelopathy, degeneration of thoracic or lumbar intervertebral disc, thoracic, lumbosacral neuritis, or radiculitis and postlaminectomy syndrome of lumbar region. Treatment to date has included diagnostic studies, surgery, exercises, physical therapy, chiropractic treatment, acupuncture and medications. The injured worker complained of persistent low back pain and muscle spasms with associated burning pain as well as numbness and tingling sensation in the bilateral lower extremities. He rated his pain as a 7 on a 1-10 pain scale with medications. On October 24, 2014, the treatment plan included medications, surgical consultation, follow-up visit and continue home exercises. Exam note 12/8/14 demonstrates worsening low back pain with radiation into the lower extremities with numbness and tingling. Straight leg raise testing was noted to be positive. Decreased sensation is noted at L4-S1 levels. MRI lumbar spine 6/20/14 demonstrates no central or foraminal stenosis at the L4-S1 levels. Moderate to severe stenosis is noted at L3/4 level.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Anterior Lumbar Interbody Fusion via Lateral Retroperitoneal Approach at L3-L4 followed by Laminectomy L3-L4 and Instrumented Spinal Fusion L3-L4: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

**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 failure of conservative care, or psychiatric clearance from the exam note of 12/8/14 to warrant fusion. Therefore, the determination is not medically necessary for lumbar fusion.