

<b>Case Number:</b>	CM15-0020942		
<b>Date Assigned:</b>	02/10/2015	<b>Date of Injury:</b>	01/04/2011
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	01/09/2015
<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 54 year old female who sustained an industrial injury on 01/04/2011. Diagnoses include chronic lumbar strain with bilateral lower extremity radiculopathy, cervical myoligamentous injury with right upper extremity radiculopathy, status post fusion in 2002, and bilateral torn medial meniscus. Treatment to date has included medications, trigger point injections, home exercise program, and physical therapy. A physician progress note dated 12/10/2014 documents the injured worker complains of pain in her lower back without medication as 9 out of 10, and with medications 6 out of 10. Pain is present with any type of movement. She has pain in both knees which alters her gait, and she feels contributes to her recurrent flare-up of her low back pain. Lumbar range of motion is limited, and she has tenderness with palpation to the lumbar paravertebral musculature and sciatic notch region. There are trigger points and taut bands with tenderness to palpation noted throughout. MRI lumbar spine 12/13/14 demonstrates moderate foraminal narrowing at L4/5 and moderate narrowing at L5/S1 without instability. Treatment requested is for bone growth stimulator and fusion at L4-L5, and L5-S1. On 01/09/2015 Utilization Review non-certified the request for fusion at L4-L5, and L5-S1, and bone growth stimulator, and cited was California Medical Treatment Utilization Schedule (MTUS)- American College of Occupational and Environmental Medicine (ACOEM).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fusion at L4-5 and L5-S1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines, 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 segmental instability greater than 4.5 mm, severe stenosis or psychiatric clearance from the exam note of 12/10/14 to warrant fusion. Therefore the determination is non-certification for lumbar fusion.

**Bone Growth Stimulator:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 12th Edition (web), 2014, Low back, Bone growth simulators (BGS), Fusion (Spinal).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low back, Bone growth stimulator.

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