

<b>Case Number:</b>	CM15-0220759		
<b>Date Assigned:</b>	11/13/2015	<b>Date of Injury:</b>	02/24/2010
<b>Decision Date:</b>	12/29/2015	<b>UR Denial Date:</b>	10/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/09/2015

### 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 38 year old male, who sustained an industrial injury on 2-24-2010. The medical records indicate that the injured worker is undergoing treatment for failed lumbosacral disc, severe neuroforaminal stenosis L5-S1, and degenerative lumbar spinal stenosis at L4-L5. According to the progress report dated 9-25-2015, the injured worker presented with complaints of significant persistent, although, intermittent mechanical low back pain. On a subjective pain scale, he rates his pain 2-3 out of 10. The physical examination of the lumbar spine did not reveal any significant findings. Previous diagnostic studies include x-rays and MRI of the lumbar spine (8-25-2015). The treating physician describes the MRI as "bone-on-bone changes at the lumbosacral junction with a large central disc protrusion of approximately 7 millimeters with severe left and moderate right neuroforaminal stenosis and bilateral severe recess stenosis. In addition, at the L4-L5, there is a central posterior disc protrusion, superimposed and disc bulge". Treatments to date include medication management, home exercise program, and surgical intervention. Work status is described as temporary totally disabled. The original utilization review (10-16-2015) had non-certified a request for anterior lumbar interbody fusion L4-L5 and L5-S1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Anterior Lumbar Interbody Fusion L4-L5 and L5-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic), Fusion (spinal).

**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 psychiatric 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 9/25/15 to warrant fusion. Therefore the proposed surgery is not medically necessary and the determination is non-certification for lumbar fusion.