

<b>Case Number:</b>	CM15-0030154		
<b>Date Assigned:</b>	02/24/2015	<b>Date of Injury:</b>	02/03/2001
<b>Decision Date:</b>	04/20/2015	<b>UR Denial Date:</b>	02/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2015

### 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: Oregon, California  
 Certification(s)/Specialty: Neurological 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 49-year-old female who reported an injury on 02/03/2001. The mechanism of injury was not specifically stated. The current diagnoses include degeneration of lumbar or lumbosacral intervertebral disc, unspecified thoracic/lumbosacral neuritis/radiculitis, and lumbosacral spondylosis. The injured worker presented on 01/15/2015 for a follow-up evaluation, with complaints of persistent low back pain with activity limitation. Alleviating factors included prescription medication, lumbar support, and TENS therapy. Upon examination, there was a healed midline scar from prior surgery, moderately decreased lordosis, moderate tenderness in the pelvic rim and junction bilaterally, sciatic notch tenderness bilaterally, 30 degree forward flexion, 10 degree extension, 25 degree rotation, 15 degree lateral bending, and a limping gait. Recommendations included a 2 level fusion from L4-S1. There was no Request for Authorization form submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Surgical decompression of the two level fusion from L4 to S1: 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), Indications for Surgery Discectomy/laminectomy.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Fusion (spinal).

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation is indicated for patients who have severe and disabling lower extremity symptoms; activity limitations for more than 1 month; clear clinical, imaging, and electrophysiologic evidence of a lesion; and a failure of conservative treatment. The Official Disability Guidelines state preoperative surgical indications for a spinal fusion should include the identification and treatment of all pain generators, the completion of all physical medicine and manual therapy interventions, documented instability upon x-ray or CT myelogram, spine pathology that is limited to 2 levels, and a psychosocial screening. In this case, there was no documentation of a recent attempt at any conservative management, including active rehabilitation. There was no imaging studies provided for review. There is no documentation of spinal instability upon flexion and extension view radiographs. There was also no documentation of a psychosocial screening completed prior to the request for a lumbar fusion. Given the above, the request is not medically appropriate at this time.