

<b>Case Number:</b>	CM15-0034188		
<b>Date Assigned:</b>	02/27/2015	<b>Date of Injury:</b>	11/26/1994
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	02/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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: Minnesota, Florida

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 68 year old male injured worker suffered an industrial injury on 11/26/1994. He underwent an anterior lumbar interbody fusion from L4 to S1 in 1998. A spinal cord stimulator was placed in 2004. He complains of axial low back pain. A CT myelogram of July 25, 2014 revealed a solid fusion at L4-5 and L5-S1. No instability was seen with flexion/extension views. Degenerative disc disease was noted at L2-3 and L 3-4 just above the fusion. Mild-to-moderate central canal stenosis and right lateral recess stenosis was seen at L3-4 displacing the right L4 nerve root. A right lateral osteophyte and disc at L3-4 is adjacent to but not displacing the ventral ramus of the right L3 nerve was noted. There was mild right neural foraminal stenosis at L3-4. A posterior lumbar interbody fusion is requested at L3-4. The Utilization Review Determination on 2/5/2015 non-certified Posterior Lumbar Interbody Fusion at L3-4. California MTUS and ODG guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Posterior Lumbar Interbody Fusion L3-4 with Arthrodesis: 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, Online ([www.odgtwc.com/odgtwc/low\\_back.htm](http://www.odgtwc.com/odgtwc/low_back.htm)).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307, 310.

**Decision rationale:** California MTUS guidelines indicate that patients with increased spinal instability after surgical decompression at the level of degenerative spondylolisthesis may be candidates for fusion. There is no scientific evidence about the long-term effectiveness of any form of surgical decompression or fusion for degenerative lumbar spondylosis compared with natural history, placebo, or conservative treatment. On page 310 the guidelines state that spinal fusion in the absence of fracture, dislocation, complications of tumor, or infection is not recommended. The documentation submitted indicates a solid fusion from L4 to sacrum. There is no instability documented at L3-4. As such, the request for posterior lumbar interbody fusion at L3-4 is not supported by guidelines and the medical necessity of the request has not been substantiated.