

<b>Case Number:</b>	CM15-0041568		
<b>Date Assigned:</b>	03/11/2015	<b>Date of Injury:</b>	12/19/2011
<b>Decision Date:</b>	05/12/2015	<b>UR Denial Date:</b>	02/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2015

### 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 injured worker is a 56 year old female, who sustained an industrial injury on December 19, 2011. She reported neck and lower back injuries with radiation into her bilateral upper and lower extremities. The injured worker was diagnosed as having lumbar radiculitis, herniated lumbar disc, and sacroilitis. Treatment to date has included x-rays, MRI, chiropractic therapy, epidural steroid injections, facet joint blocks, lumbar manipulation under anesthesia, home exercise program, work modifications, and pain medications. On January 10, 2015, the injured worker complains of constant, severe, sharp pain in the bilateral lower back. The pain increased by movement and aggravated by sneezing, coughing, straining at stool, and prolonged sitting, standing, or lying. She complains of sharp, shooting pain that radiates to the bilateral lower extremities, greater on the left than the right. The shooting pain in her left leg radiates down to her left calf/foot and to the hamstring/calf. She has constant bilateral sacroiliac pain radiating into the right leg. She performed heel and toe walking poorly. There were positive Valsalva bilaterally, a positive Kemp's sign bilaterally, and positive right straight leg raises. The treatment plan includes a two level fusion at L4-5 and L5-S1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar fusion L4-L5 and L5-S1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Complaints, Surgical Consideration, Spinal Fusion.

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

**Decision rationale:** The injured worker is a 56-year-old female with a date of injury of 12/19/2011. She complained of neck and low back pain. There was also a history of anxiety/depression, migraine headaches and radicular pain in the upper and lower extremities. The MRI scan of January 27, 2015 revealed mild degenerative disc disease from L3-4 through L5-S1. At L4-5 there was a 1 mm broad-based disc bulge and a 3 mm left foraminal broad-based disc protrusion. Facet degenerative joint disease was mild to moderate on the left and mild on the right. No central canal stenosis was noted. Foraminal stenosis was mild on the left. No significant change from the prior MRI scan. At L5-S1 there was a 3 mm broad disc bulge with unroofing inferiorly and a small left foraminal osteophyte arising from the L5 inferior endplate. Facet arthritis was mild bilaterally. No central canal stenosis. Electrodiagnostic studies were not reported. California MTUS guidelines indicate 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 long-term effectiveness of any form of surgical decompression or fusion for degenerative lumbar spondylosis compared with natural history, placebo, or conservative treatment. There is no good evidence from controlled trials that spinal fusion alone is effective for treating any type of acute low back problem, in the absence of spinal fracture, dislocation, or spondylolisthesis if there is instability and motion in the segment operated on. Lumbar fusion in patients with other types of low back pain very seldom cures the patient. As such, the request for L4-5 and L5-S1 fusion is not supported and the request is not medically necessary.