

<b>Case Number:</b>	CM15-0084452		
<b>Date Assigned:</b>	05/06/2015	<b>Date of Injury:</b>	11/15/2012
<b>Decision Date:</b>	06/18/2015	<b>UR Denial Date:</b>	04/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2015

### 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, Indiana, Oregon  
 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 65 year old male, who sustained an industrial injury on November 15, 2012. He reported immediate left knee pain and the onset of low back pain due to continuous trauma in March 2013. The injured worker was diagnosed as having lumbar 2-3 herniation with facet arthritis and stenosis, lumbar 3-4 spondylosis and flavum thickening with lateral recess and foraminal stenosis, lumbar 4-5 degenerative spondylolisthesis with disc bulge and severe neural foraminal and moderate central canal stenosis, lumbar 5-sacral 1 minimal bulge, and foot drop, right greater than left with right foot weakness. Diagnostic studies to date have included MRI, electromyography/nerve conduction velocity studies, and x-rays. Treatment to date has included a cane, work modifications, chiropractic therapy, acupuncture, physical therapy, and anti-epilepsy medication. On February 5, 2015, the injured worker complains of continued low back pain with numbness and weakness in the right lower extremity. Associated symptoms include a limp when walking and occasional right foot flopping when stepping. He uses a cane for walking. He has been attending physical therapy. The physical exam revealed tenderness of the bilateral lower lumbar, right sacral notch, decreased range of motion, abnormal right straight leg raise, intact sensation of the bilateral lumbar 1 to sacral 4-5 dermatomes, decreased motor strength right lumbar 4; ankle dorsiflexors and bilateral lumbar 5; bilateral long toe extensors, and normal reflexes of the bilateral lower extremities. The requested treatments are an additional 12 sessions of physical therapy for low back, anterior lumbar interbody fusion (ALIF) at lumbar 2; lumbar 3; lumbar 4 and lumbar 5, and posterior lumbar interbody fusion (PLIF) at lumbar 4-lumbar 5.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve (12) additional physical therapy, low back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**Decision rationale:** CA MTUS/ACOEM Chapter12, low back recommends 1-2 visits of physical therapy to develop a successful self-guided care program. As this request is for more visits than recommended it is not medically necessary.

**ALIF at L2-L3-L4-L5 and PLIF at L4-L5:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back.

**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 symptoms. 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 1/7/15 to warrant fusion. Therefore the determination is non-certification for lumbar fusion. The request is not medically necessary.