

<b>Case Number:</b>	CM14-0092546		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	07/25/2002
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	06/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2014

### 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. The expert reviewer is Board Certified in Orthopedic Surgery, has a subspecialty in Orthopedic Spine Surgery and is licensed to practice in New York. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 64-year-old male who has chronic low back pain. Patient underwent L3-4 fusion in 2003. The patient also underwent decompression and fusion in 2004. MRI of the lumbar spine from 2013 shows L2-3 degenerative changes. There are postsurgical changes related to effusions at L3-4 and L4-5. There is no evidence of instability on flexion-extension views. The patient continues to have chronic low back pain. Physical examination shows reduced range of lumbar motion. There is intact motor sensory and reflexes in the bilateral lower extremities. At issue is whether additional lumbar fusion surgery is medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right L4-5 Direct Lateral Interbody Fusion with Bone Morphogenetic protein. Revision of Posterior Spinal Fusion at L3-5 with Synthi Instrumentation: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back; Bone Morphogenetic Protein (BMP)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS low back pain chapter, ODG low back pain chapter

**Decision rationale:** This patient does not meet criteria for lumbar fusion surgery. Specifically there is no documentation of failure fusion or broken hardware. There is no documentation of any abnormal instability the lumbar spine. Physical examination does not document any neurologic deficit. There are no red flag indicators for spinal fusion surgery such as fracture, tumor, or progressive neurologic deficit. Criteria for lumbar fusion not met.

**Assistant Surgeon:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not med necessary, none of the associated services are medically necessary.

**Hospital Stay:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not med necessary, none of the associated services are medically necessary.