

<b>Case Number:</b>	CM14-0218592		
<b>Date Assigned:</b>	01/08/2015	<b>Date of Injury:</b>	04/17/1984
<b>Decision Date:</b>	03/12/2015	<b>UR Denial Date:</b>	12/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2014

### 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. 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

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

### 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 62-year-old male who reported an injury on 04/17/1984. The mechanism of injury involved heavy lifting. The current diagnose include L2-3 nonunion and L2-5 PSF. The injured worker presented on 09/03/2014 with ongoing lower back pain. Upon examination, there was 90 degrees flexion, 20 degrees extension, 30 degrees bending, negative straight leg raise, weakness in the right anterior tibialis and hamstring, intact sensation, and unobtainable deep tendon reflexes in the lower extremities. Recommendations included a revision L1-S1 posterior spinal fusion and laminectomy. A Request for Authorization form was not submitted for this review. It is noted that the injured worker underwent x-rays of the lumbar spine on 10/07/2013, which revealed degenerative changes throughout the lumbar spine with evidence of effusion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 L1-S1 REVISION PSF:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306. Decision based on Non-MTUS Citation 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 limitation 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. There was no documentation of spinal instability upon flexion and extension view radiographs. There was no mention of a psychosocial screen prior to the request for a lumbar fusion. There was no mention of significant functional gains or improvement that the injured worker would demonstrate following a revision surgery. There is also no mention of effective participation in preoperative active rehabilitation. Given the above, the request is not medically appropriate.

**4 DAY IN PATIENT 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:** As the injured worker's surgical procedure has not been authorized, the associated request is also not medically necessary.

**1 assistant surgeon:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CMS, Physician Free Schedule Search

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

**Decision rationale:** As the injured worker's surgical procedure has not been authorized, the associated request is also not medically necessary.