

<b>Case Number:</b>	CM15-0067218		
<b>Date Assigned:</b>	04/14/2015	<b>Date of Injury:</b>	05/27/2009
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	03/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2015

### 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: Illinois, California, Texas  
 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:

This injured worker is a 51-year-old female who sustained an industrial injury on 5/27/09, due to cumulative trauma. Past surgical history was positive for posterolateral fusion with instrumentation from L2 to S1 on 10/17/13. The 11/7/14 lumbar spine CT scan impression documented status post anterior, interbody, and posterior spinal fusion from L2-S1 with extension into the right iliac bone. There were laminectomies from L3-L5 without evidence of a spinal stenosis. There was bony bridging with osseous fusion across the intervertebral disc space, and likely osseous fusion across the bilateral facet joints. The 2/18/15 treating physician report cited back pain and occasional radiating pain down her legs. CT scan showed incomplete arthrodesis at L5/S1. She was using 5 to 6 Norco per day. Physical examination showed that she is walking more straight and upright and without antalgia. She has well healed wounds. There are no motor or sensory deficits. Imaging demonstrated solid arthrodesis at L2/3, L3/4, and L4/5, incomplete arthrodesis at L5/S1 and incomplete arthrodesis through the spanning interbody cage at L5/S1 with a paucity of posterolateral fusion mass as well. There was no evidence of hardware loosening. There was a right intrapelvic bolt that crossed the sacroiliac joint. The treatment plan recommended posterior revision arthrodesis at L5/S1 with pelvic fixation and iliac crest bone graft. The 3/13/15 utilization review non-certified the request for L5/S1 revision posterior fusion instrumentation, pelvic fixation and iliac crest bone graft as there was no evidence of documented instability or non-union or that functional disability would be improved.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L5-S1 revision posterior fusion instrumentation, pelvic fixation, iliac crest bone graft:**

Overtured

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Fusion (spinal).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic: Fusion (spinal).

**Decision rationale:** The California MTUS Guidelines do not provide recommendations for this procedure. The Official Disability Guidelines recommend revision surgery for failed previous operation(s) if significant functional gains are anticipated. Revision surgery for purposes of pain relief must be approached with extreme caution due to the less than 50% success rate reported in medical literature. Pre-operative clinical surgical indications include all pain generators identified and treated, all physical therapy and manual therapy interventions completed, x-rays demonstrating spinal instability and /or imaging evidence of disc pathology correlated with symptoms and exam findings, spine pathology limited to 2 levels, and psychosocial screening with confounding issues addressed. Guideline criteria have been met. This patient presents with worsening back and radiating leg pain that was function-limiting. The CT scan read by the treating physician documented evidence of incomplete arthrodesis. There is evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure. Therefore, this request is medically necessary.

**Associated Surgical Service: 2 day inpatient hospital stay:** Overtured

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Fusion (spinal).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic: Hospital length of stay (LOS).

**Decision rationale:** The California MTUS does not provide recommendations for hospital length of stay. The Official Disability Guidelines recommend the median length of stay (LOS) based on type of surgery, or best practice target LOS for cases with no complications. The recommended median and best practice target for a lateral lumbar fusion is 3 days. Guideline criteria have been met for the requested 2-day inpatient length of stay. Therefore, this request is medically necessary.