

<b>Case Number:</b>	CM15-0072690		
<b>Date Assigned:</b>	05/01/2015	<b>Date of Injury:</b>	10/24/1991
<b>Decision Date:</b>	06/01/2015	<b>UR Denial Date:</b>	04/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2015

### 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 73-year-old male, who sustained an industrial/work injury on 10/24/91. He reported initial complaints of low back pain and left lower extremity pain. The injured worker was diagnosed as having lumbar stenosis, spondylolisthesis, instability, lumbar herniated nucleus pulposus, and hypertrophy. Treatment to date has included medication, diagnostics, physical therapy sessions, and two injections. MRI results were reported on 2/25/15. Electromyography and nerve conduction velocity test (EMG/NCV) study on 3/10/15 demonstrates diffuse peripheral neuropathy of bilateral lower extremities with no evidence of lumbar radiculopathy. X-Rays results were reported on 2/14/14. Currently, the injured worker complains of low back pain and shooting pain down to his lower body, especially on his right foot with numbness in the feet. Per the primary physician's progress report (PR-2) on 3/25/15, the diagnostics (MRI) revealed multi-segment spinal stenosis, severe, and multi-segment spondylolisthesis with instability from L1 to S1. Examination stated 'unchanged'. Blood pressure was in the hypertensive range. Physical exam on 3/10/15 reports an antalgic gait, no significant motor deficits, and impression of diffuse peripheral neuropathy of both lower extremities. Current plan of care included surgical option. The requested treatments include L1 to S1 instrumented fusion with L2 to S1 interbody arthrodesis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L1 to S1 instrumented fusion with L2 to S1 interbody arthrodesis: Upheld**

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

**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.

**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 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 on radiographic studies provided. The EMG done 3/10/15 shows no evidence of radiculopathy which would indicate lack of a surgical lesion predicatively helped by surgical intervention. Therefore the determination is not medically necessary.