

<b>Case Number:</b>	CM15-0076154		
<b>Date Assigned:</b>	04/27/2015	<b>Date of Injury:</b>	07/03/2014
<b>Decision Date:</b>	05/27/2015	<b>UR Denial Date:</b>	04/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2015

### 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:

The injured worker is a 56-year-old male who sustained an industrial injury on 7/03/14. The injured worker reported an acute onset of low back pain radiating down his right lower extremity while seated at a desk. Occupational history was positive for 33+ year history of wearing a duty belt as a police lieutenant, and working special weapons unit where his weapon and gear weighed 75-100 pounds. He underwent anterior lumbar interbody fusion at L5-S1 on 11/10/14. The 1/13/15 lumbar spine CT scan impression documented status post anterior fusion at L5/S1 utilizing fixation screws. There was what appeared to be bone graft material located in the anterior aspect of the L5/S1 disc space that appeared quite heterogeneous in density. The 1/21/15 lumbar spine MRI impression documented status post anterior fusion at L5/S1 with no significant change in the degree of neuroforaminal stenosis at L5/S1. The 3/27/15 treating physician report relative to exam date 2/19/15 cited continued right lower extremity pain and weakness. Physical exam documented 4/5 peroneal weakness and 5-/5 extensor hallucis longus and gastroc weakness. Sensory exam documented hypersensitivity over the S1 dermatome. The CT scan showed that the interbody graft had not completely fused with osteophyte formation off the posterior vertebral body and sacrum causing some stenosis, right greater than left. The treatment plan recommended continued restrictions with follow-up in May 2015 for re-evaluation. If symptoms persist then will consider L5/S1 posterior spinal fusion with laminectomy and foraminotomy. The 4/7/15 utilization review non-certified the request for L5/S1 posterior spinal fusion with segmental instrumentation with allograft bone laminectomy.

The rationale indicated that there was no radiographic or imaging evidence of spinal instability or discussion of non-union to support the medical necessity of revision surgery.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **L5-S1 posterior spinal fusion with segmental instrumentation with allograft bone laminectomy: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Procedure Summary.

**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: Fusion (spinal).

**Decision rationale:** The California MTUS guidelines do not provide guidelines for revision fusion surgery. Guidelines state there was no good evidence that spinal fusion alone was effective for treating any type of acute low back problem, in the absence of spinal fracture, dislocation, or spondylolisthesis if there was instability and motion in the segment operated on. The Official Disability Guidelines (ODG) recommends revision surgery for failed previous operations if significant functional gains are anticipated. Revision surgery for the purposes of pain relief must be approached with extreme caution due to less than 50% success rate reported in medical literature. Guideline criteria have not been met. This injured worker underwent anterior L5/S1 lumbar fusion on 11/10/14 with residual low back and right lower extremity pain and weakness. There was significant functional limitation in activities of daily living and work activities documented at the 2/19/15 evaluation. The 1/13/15 CT scan indicated that the interbody graft had not completely fused. The treating physician report opined the possible medical necessity of L5/S1 posterior spinal fusion with laminectomy and foraminotomy following re-evaluation in May 2015. There is no current imaging evidence of fusion failure or spinal segmental instability to support the medical necessity of additional surgery at this time. Therefore, this request is not medically necessary.