

<b>Case Number:</b>	CM14-0147524		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	10/27/2000
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	08/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2014

### 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 Spine Surgeon and is licensed to practice in Texas. 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 injured worker is a 53-year-old male who reported an injury on 10/27/2000. The mechanism of injury was not specifically stated. The current diagnoses include lumbar radiculopathy, lumbar canal stenosis, and post laminectomy syndrome in the lumbar region. It is noted that the injured worker has undergone a lumbar micro discectomy in 2012 and a lumbar decompression in 2013. Previous conservative treatment includes rest, activity modification, ice/heat therapy, anti-inflammatory medication, and pain medication. The current medication regimen includes Norco 10/325 mg and Diclofenac 50 mg. The injured worker was evaluated on 08/11/2014 with complaints of persistent lower back pain with bilateral buttock and leg pain. The injured worker also reported numbness, tingling, and weakness in the lower extremities. Physical examination revealed mild spasm in the paravertebral muscles bilaterally, limited lumbar range of motion, normal motor strength in the bilateral lower extremities, and positive straight leg raising. X-rays obtained in the office on that date indicated degenerative disc disease at L3 through S1 with a marked collapse at L5-S1, severe facet arthropathy at L4-5, and gross instability at L3-4 upon flexion view. Treatment recommendations at that time included a spinal fusion at L3 through S1. It is also noted that the injured worker underwent an MRI of the lumbar spine on 08/31/2012 which indicated right lateral recess stenosis at L5, severe right neural foraminal stenosis at L5-S1, annular fibrosis tear at L4-5, and mild central canal stenosis at L3-4.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Instrumental spinal fusion L3-4, L4-5 and L5-S1 with implantation of pedicle screws, rods and tangent wedges.:** 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 Official Disability Guidelines (ODG) Low Back Chapter, Fusion (spinal).

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation may be indicated for patients who have severe and disabling lower extremity symptoms, activity limitation for more than 1 month, clear clinical, imaging, and electrophysiological evidence of a lesion, and failure of conservative treatment. The Official Disability Guidelines state preoperative clinical surgical indications for a spinal fusion should include the identification and treatment of all pain generators, 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. X-rays obtained in the office on the requesting date of 08/11/2014 did indicate early instability at L4-5 and gross instability at L3-4. However, there was no documentation of instability at L5-S1. There is also no documentation of the completion of a psychosocial screening. There is also no documentation of the recent completion of any conservative treatment to include physical therapy or injection therapy. Based on the clinical information received and the above mentioned guidelines, the medical necessity has not been established in this case. As such, the request is not medically appropriate at this time.