

<b>Case Number:</b>	CM13-0004916		
<b>Date Assigned:</b>	11/08/2013	<b>Date of Injury:</b>	01/31/2013
<b>Decision Date:</b>	01/24/2014	<b>UR Denial Date:</b>	08/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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 physician 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:

This is a 51-year-old female injured in a work-related accident on 1/31/13 sustaining a low back injury. The clinical records for review include a progress report with [REDACTED] dated 8/22/13 where he describes ongoing low back and leg complaints to the right lower extremity. It is noted to be 50% in the back and 50% in the leg. It has, thus far, not responded to conservative care including recent use of medications. Physical examination findings demonstrated a positive right-sided straight leg raise with 5/5 motor tone and diminished sensation in a right L5 dermatomal distribution. He reviewed radiographs at that date that showed L5-S1 changes consistent with prior hemi-laminectomy and discectomy with joint space narrowing. Formal imaging is not available for review, but he also states an MRI report dated 7/10/13 showed advanced spondylosis of L5-S1 with right greater than left foraminal stenosis and early degenerative changes at L4-5. It states that the claimant's conservative care has included two prior epidural injections with short but not long-standing relief, therapy, and medications. Surgical intervention in the form of an L5-S1 fusion was recommended now for further intervention.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Anterior arthrodesis, interbody cage, allograft, L5-S1 posterior/arthrodesis, and pedicle screw instrumentation, laminectomy allograft:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines Section: Low Back

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

**Decision rationale:** Based on California ACOEM Guidelines, the proposed fusion at the L5-S1 level cannot be supported. While the claimant is noted to be with continued complaints of pain, clinical imaging is not formally available for review nor is there is documentation of formal instability noted at the L5-S1 level that would justify need for the above procedure. California ACOEM Guidelines would not support the role of fusion with the exception of trauma-related spinal fracture, dislocation, or segmental instability. The absence of the above would fail to necessitate the surgical process as requested.

**Four (4) day inpatient 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:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Post-op lumbar support brace:** 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:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.