

<b>Case Number:</b>	CM13-0014130		
<b>Date Assigned:</b>	10/02/2013	<b>Date of Injury:</b>	01/15/2013
<b>Decision Date:</b>	01/06/2014	<b>UR Denial Date:</b>	08/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2013

### 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 Surgeon, has a subspecialty in Spine 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 claimant is a 48-year-old male with a reported date of injury of 01/15/2013. The mechanism of injury was described as lifting and moving cargo resulting in back pain. It was noted the patient had previous spine surgery performed. On 03/26/2013, an MRI of the lumbar spine was obtained and at L4-5 the disc was desiccated and there was moderate disc height loss. There was 3 mm right paracentral focal disc protrusion resulting in mild stenosis and mild impingement of the right transiting in the L5 nerve root. At L5-S1 the disc was desiccated and there was mild disc height loss and a broad-based disc protrusion was noted, which contributed to moderate bilateral facet arthropathy and moderate/severe right and moderate left neural foraminal narrowing. On initial orthopedic exam, the patient had a positive straight leg raise in the right lower extremity and reflexes were brisk and symmetrical. He reported decreased sensation to pinprick in the outer aspect of the left calf and to a lesser degree at the medial aspect of the right calf. He was seen back in clinic on 08/28/2013, at which time a physical exam revealed positive straight leg raise on the right with reduced range of motion with pain. There was decreased sensation in an L5 and S1 dermatome and he had an antalgic gait. An MRI dated 09/05/2013 demonstrated moderate disc desiccation and height loss at L4-5 with a shallow disc protrusion and a superimposed right disc extrusion contributing to subarticular stenosis on the right. There was severe bilateral subarticular stenosis due to disc and hypertrophic facet changes and there was abutment of both traversing L5 nerve roots and abutment of the traversing right S1 nerve root. At L5-S1 there was a disc osteophyte complex and there was moderate left foraminal stenosis without nerve root compression and there was mild central canal stenosis and there was severe right foraminal narrowing with compression of the exiting right L5 nerve root, approxi-

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L4/5/S1 Posterior Interbody Fusion with fixation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

**Decision rationale:** ACOEM Guidelines indicate for lumbar surgery, clinicians should consider referral "for psychological screening to improve surgical outcomes." Specifically regarding a fusion, ACOEM indicates there is no good evidence "from controlled trials that spinal fusion alone is effective for treating any type of acute back problem, in absence of spinal fracture, dislocation, or spondylolisthesis if there is instability and motion of the segment operated on." Lumbar fusion in patients with other types of low back pain very seldom cures the patient, according to ACOEM Guidelines. The submitted records indicate this patient has previous spine surgery, but it was not indicated if that surgery was the result of a work event or not. The records do not include a psychosocial evaluation as recommended by guidelines. Although the records indicate he has had some conservative care, the records do not indicate he has had exhaustion of conservative care, as recommended by the ACOEM Guidelines. There is no documented spondylolisthesis or clinical instability noted and x-rays do not reveal instability. Records indicate an MRI has been obtained on 09/05/2013, but the records do not indicate that there was a physical exam after that MRI so physical findings could be correlated with that study, and the records do not indicate the claimant had been given results of that MRI. Records indicate the last complete physical exam was performed on 08/28/2013. A current complete physical exam has not been documented for the review. The request for L4/5/S1 Posterior Interbody Fusion with Fixation is not medically necessary and appropriate.