

<b>Case Number:</b>	CM13-0018538		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	03/09/2011
<b>Decision Date:</b>	01/07/2014	<b>UR Denial Date:</b>	08/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/29/2013

### 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:

The claimant is a 38 year old male injured in a work related accident on March 6, 2011; at that time he sustained an injury to the low back. The records for review include a recent progress report of August 20, 2013 with [REDACTED] indicating subjective complaints of back pain with objective findings showing intact sensation, equal and symmetrical reflexes and full motor strength to the lower extremities with tenderness noted to deep palpation at the L4-5 level. He was diagnosed at that date with a lumbar strain and medications were prescribed. Further assessment with the treating surgeon [REDACTED] August 14, 2103 indicated the claimant was with a L5-S1 spondylolisthesis with foraminal narrowing. The record indicated that a recent request for fusion was denied due to the claimant's smoking status; it was noted that he began smoking ten days ago due to family stress issues and that he was to stop smoking at that time and surgery was once again recommended in the form of L5-S1 fusion. The last physical examination with [REDACTED] was on July 22, 2103 where the claimant had restricted range of motion, plus one symmetrical reflexes, 5 out of 5 motor strength and painful left straight leg raise. There is a request for L5-S1 interbody fusion with instrumentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Interbody Fusion with Instrumentation, Decompression and Stabilization: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines and the Official Disability Guidelines..

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

**Decision rationale:** The ACOEM Guidelines state that "There is no good evidence from controlled trials that spinal fusion alone is effective for treating any type of acute low back problem, in the absence of spinal fracture, dislocation, or spondylolisthesis if there is instability and motion in the segment operated on. It is important to note that although it is being undertaken, lumbar fusion in patients with other types of low back pain very seldom cures the patient." In this case the claimant's clinical imaging is not available for review and there is no indication that instability is present at the L5-S1 level. Furthermore the claimant's physical examination findings are not directly correlated to progressive neurologic deficit. Based on all of the available information with the absence of a neurologic deficit, indication of instability or neural compressive lesion on imaging, and in that smoking cessation has not occurred, the need for operative intervention at the L5-S1 level in the form of a fusion is not supported. The request for lumbar interbody fusion with instrumentation, decompression and stabilization is not medically necessary and appropriate.