

<b>Case Number:</b>	CM13-0022165		
<b>Date Assigned:</b>	11/13/2013	<b>Date of Injury:</b>	02/14/2011
<b>Decision Date:</b>	01/28/2014	<b>UR Denial Date:</b>	08/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2013

### 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 37-year-old gentleman who was injury in a work related accident on February 14, 2011 sustaining injury to the low back. Records available for review include a July 9, 2013 assessment with [REDACTED] indicating present complaints of low back pain with radiating left lower extremity pain with associated numbness and weakness. Physical examination findings showed positive sacroiliac tenderness to palpation, restricted range of motion at end points, 5/5 motor strength to the bilateral upper and lower extremities with the exception of the left psoas and quadriceps at 4/5, intact sensation, equal and symmetrical deep tendon reflexes and positive left sided straight leg raising. Reviewed was prior imaging including a lumbar MRI report of July 19, 2013 that showed the L4-5 level to be with a small protrusion resulting in "minor left neural foraminal narrowing". The L5-S1 disc was with 4 millimeter disc protrusion asymmetric to the right resulting in mild to moderate displacement of the right S1 nerve root. At present, there is a request for an anterior posterior lumbar fusion and decompression to be performed at the L4-5 level for further treatment in this case.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**An interbody fusion with iliac crest autograft at L4-L5:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Based on California ACOEM Guidelines, the role of interbody fusion with iliac crest grafting at the L4-5 level would not be indicated. The claimant's clinical records fail to demonstrate specific compressive pathology at the L4-5 level for which any degree of surgical intervention would be indicated. Specific in regards to fusion, there is also no indication of segmental instability at the L4-5 level for which fusion procedure would be warranted. The absence of the above at present would fail to necessitate the role of an interbody fusion based on Guideline criteria that would not recommend lumbar fusion in absence of spinal related trauma, fracture or dislocation. The clinical request is not indicated.

**The stage two anterior lumbar decompression:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** California ACOEM Guidelines would indicate the role of fusion procedure in this case is not supported based on lack of clinical support for instability or progressive neurologic dysfunction at the L4-5 level. The role of a staged procedure to include an anterior decompression thus would not be indicated.

**A co-surgeon for the anterior approach:** 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.

**A three day inpatient hospital 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.