

<b>Case Number:</b>	CM13-0026153		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	10/16/2001
<b>Decision Date:</b>	02/12/2014	<b>UR Denial Date:</b>	08/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2013

### 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 patient is a 38-year-old injured worker with a date of injury 10/16/12, sustaining injury to the low back. Clinical records reviewed include an MRI of the lumbar on 02/01/13 that is specific to the L5-S1 level that showed 4 mm retrolisthesis with moderate decrease in disc height with a 5 mm disc protrusion and left foraminal narrowing. It is indicated that the claimant underwent a 06/12/13 operative report in the form of a hemilaminectomy at the L5-S1 level given the ongoing complaints. Postoperative records for review include a follow up assessment of 08/12/13, stating the claimant was with a persistent left leg pain and radicular symptoms citing no improvement from surgical intervention. Physical examination, however, showed sensory and motor examination to be intact with positive low back pain with straight leg raising. In absence of further imaging, lumbar fusion was recommended by the treating physician at that time given the claimant's failure to respond to initial clinical procedure.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L5-S1 Anterior and Posterior Lumbar Decompression and fusion:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 202-204, 209-211.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307, 209-211.

**Decision rationale:** Based on the California ACOEM Guidelines, L5-S1 anteroposterior lumbar decompression and fusion would not be indicated. The claimant is noted to have recently undergone a June of 2013 discectomy. There was no documentation of significant postoperative treatment or clinical imaging available for review to support continued compressive process. The role of a single level discectomy alone is not an indication for a fusion. Additionally there is no documentation of formal segmental instability at the L5-S1 level. The request for a L5-S1 anterior and posterior lumbar decompression and fusion, inpatient, is not medically necessary and appropriate.