

<b>Case Number:</b>	CM13-0026589		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	03/29/2005
<b>Decision Date:</b>	04/24/2014	<b>UR Denial Date:</b>	08/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2013

### 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 55-year-old gentleman injured in a work-related accident 03/29/05. Clinical records specific to the claimant's lumbar spine indicate a recent MRI report of 07/08/13 indicating degenerative changes at the L2-3 and L5-S1 level with facet arthropathy and foraminal encroachment but no documentation of nerve root impingement. The last clinical assessment for review is dated 08/07/13 when the claimant was seen by [REDACTED] for continued complaints of low back pain and lower extremity left leg pain. It states he has exhausted conservative care including medication management, physical therapy, injection care, and a transcutaneous electrical nerve stimulation (TENS) unit. Physical examination findings showed a normal gait pattern with normal sensation, full motor strength to the lower extremities, and equal and symmetrical reflexes. Reviewed was the claimant's recent MRI scan. He was diagnosed with lumbar radiculitis with disc displacement. Based on failed conservative care, a surgical process in the form of an L5-S1 posterior lumbar interbody fusion was recommended, stating that a simple discectomy would not be necessary given the claimant's significant degenerative changes. Lumbar radiographs are not available for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **OUTPATIENT POSTERIOR LUMBAR INTERBODY FUSION AT THE L5-S1 LEVEL:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306.

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

**Decision rationale:** Based on the ACOEM guidelines, surgical intervention in the form of fusion would not be indicated. While the employee continues to be with pain, imaging findings reviewed fail to demonstrate segmental instability at the L5-S1 level and also fail to demonstrate neural compressive findings. When taking into account the employee's recent physical examination that did not demonstrate any motor, sensory, or reflexive change, this employee would not be a supported candidate for any degree of surgical intervention in regard to the lumbar spine particularly fusion, given the lack of instability.