

<b>Case Number:</b>	CM13-0028650		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	07/30/2003
<b>Decision Date:</b>	03/17/2014	<b>UR Denial Date:</b>	08/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2013

### 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, has a subspecialty in Spine Surgery and is licensed to practice in Texas. 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 58-year-old male who reported a work-related injury on 07/30/2003, specific mechanism of injury not stated. The patient presents for treatment of the following diagnoses, cervical discopathy with disc displacement and lumbar discopathy with disc displacement. MRI of the lumbar spine dated 03/10/2007 revealed at the L3-4 level, facet joint hypertrophy without evidence of canal stenosis or neural foraminal narrowing and at the L4-5 level, a 2 mm to 3 mm posterior disc bulge without evidence of canal stenosis or neural foraminal narrowing. The clinical note dated 08/15/2013 reports the patient presents under the care of [REDACTED] with continued complaints of lumbar spine pain. The provider documents physical exam of the lumbar spine revealed tenderness upon palpation over the paraspinal muscles and sacroiliac joints. The provider documented the patient had positive straight leg raise bilaterally, decreased sensation at the L5-S1 dermatomes and positive Faber and Patrick's testing. The provider recommended a repeat request for an L4-5 and L5-S1 PLIF and PSF with sacroiliac fixation and arthrodesis to stabilize and decompress the unstable segment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Posterior lumbar interbody fusion with percutaneous stereotactic frequency at L4-L5, L5-S1:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
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**Decision rationale:** The current request is not supported. The clinical documentation submitted for review fails to evidence support for surgical interventions at the L4-5 and L5-S1 levels. The patient presents with significant pain complaints about the lumbar spine status post a work-related injury sustained in 2003. However, the only imaging study of the patient's lumbar spine submitted for review is over 6 years old, from 2007 which revealed no significant pathology at the L4-5 or L5-S1 levels to support decompression and subsequent fusion at these levels. The California MTUS/ACOEM indicates there is no scientific evidence about the effectiveness of any form of surgical decompression or fusion for degenerative lumbar spondylosis compared with natural history, placebo, or conservative treatment. Given the lack of imaging studies of the patient's lumbar spine revealing significant pathology, the current request for posterior lumbar interbody fusion with percutaneous stereotactic frequency at L4-L5, L5-S1 is not medically necessary or appropriate.