

<b>Case Number:</b>	CM13-0028660		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	04/16/1997
<b>Decision Date:</b>	02/27/2014	<b>UR Denial Date:</b>	09/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2013

### 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:

This is a 65-year-old gentleman who sustained an injury to his low back on 4/16/97. The report dated 8/22/13 by [REDACTED] documented the claimant's subjective complaints of continued low back pain with radiating numbness and tingling down the left lower extremity. It was noted that the claimant had been recommended surgery to include a staged L4-5 and L5-S1 anterior fusion, followed by posterior decompression and fusion with instrumentation. Current physical examination findings showed restricted lumbar range of motion with motor weakness at 4/5 in a left L5 and S1 dermatomal distribution in the left lower extremity with no other neurologic findings noted. Surgery was once again recommended. An MRI report dated 12/26/13 noted significant degenerative disc disease at the L4-5 and L5-S1 levels with prior laminectomies noted. There was no indication of acute compressive pathology. It was noted that the claimant failed recent conservative care. The role of staged surgical process was recommended in the form of an L4-5 and an L5-S1 anterior and posterior lumbar interbody fusion with instrumentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**anterior lumbar fusion at L4-5 and L5-S1:** Upheld

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

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

**Decision rationale:** The medical records do not indicate that the claimant has recent clinical imaging that identifies a neurocompressive process and segmental instability that would support a two-level lumbar fusion procedure. The fact that the claimant has a prior history of laminectomy in and of itself would not be an indication for fusion. The ACOEM Guidelines criteria would only recommend the role of a fusion procedure in the setting of segmental instability, lumbar fracture, or dislocation. The request is not certified.

**posterior lumbar decompression and fusion with instrumentation at L4-S1:** 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.

**preoperative medical clearance:** 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.

**for preoperative laboratory:** 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.