

<b>Case Number:</b>	CM13-0030864		
<b>Date Assigned:</b>	03/17/2014	<b>Date of Injury:</b>	02/01/2009
<b>Decision Date:</b>	05/22/2014	<b>UR Denial Date:</b>	08/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in Pennsylvania. 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 expert 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 65-year-old male who injured his low back in a work-related accident on 2/1/09 while lifting a bag of trash. An MRI scan showed lumbar spondylolisthesis at L5-S1 with no acute L4-5 findings noted. A clinical follow up report dated 7/26/13 indicated that the claimant was with ongoing complaints of low back pain and leg pain with physical examination showing tenderness of the lumbar spine with spasm and antalgic gait and lower extremity examination that showed no documentation of motor, sensory, or reflexive change. The claimant was diagnosed with a lytic spondylolisthesis at L5-S1 with degenerative changes. Based on failed conservative care and ongoing complaints, a two-level L4 through S1 lumbar fusion with decompression was recommended for further definitive management. Further or more recent imaging is unavailable for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **INPATIENT LUMBOSACRAL FUSION AT L4 THROUGH S1 WITH DECOMPRESSION: 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:** Based on the California ACOEM uidelines, surgical fusion would not be indicated. While the claimant is noted to be with spondylolisthesis at L5-S1, there is currently no documentation of segmental instability or physical examination findings demonstrating a radicular process to the lower extremities or clinical neurologic compression at the L4-5 level. The absence of the above would fail to necessitate the two-level surgical process as requested.