

<b>Case Number:</b>	CM13-0033074		
<b>Date Assigned:</b>	01/29/2014	<b>Date of Injury:</b>	01/02/2013
<b>Decision Date:</b>	05/23/2014	<b>UR Denial Date:</b>	10/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2013

### 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:

This is a 52-year-old injured in a work-related accident on 1/2/13. The current clinical records for review include an MRI report dated 3/20/13 that showed evidence of discogenic changes with disc bulging at L5-S1 with no neural impingement. The MRI was otherwise negative. A recent clinical progress report for review dated 9/12/13 indicated ongoing complaints of low back and leg pain stating recent conservative care including epidural injections, physical therapy, medication management, and activity restrictions have failed to demonstrate significant improvement. His physical exam showed tenderness to palpation with positive straight leg raise, equal and symmetrical deep tendon reflexes, grossly preserved muscular strength, and no sensory deficit. Based on failed conservative care, operative intervention in the form of an L5-S1 interbody fusion was recommended for further definitive management.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ANTERIOR LUMBAR INTERBODY FUSION L5-S1, APPLICATION OF INTERVERTEBRAL BIOMECHANICAL DEVICE, ANTERIOR INSTRUMENTATION, AUTOGRAFT FOR SPINE SURGERY ONLY, ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 307.

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

**Decision rationale:** The role of lumbar fusion at the L5-S1 level would not be supported per California ACOEM Guidelines. Clinical imaging for review does not demonstrate compressive pathology at the L5-S1 level nor does it demonstrate segmental instability to necessitate the acute need of a fusion procedure. The specific surgical request given the claimant's current clinical presentation is not indicated.

**3 DAY STAY:** 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.

**CO-SURGEON:** 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.

**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.