

<b>Case Number:</b>	CM13-0034134		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	07/18/2002
<b>Decision Date:</b>	03/07/2014	<b>UR Denial Date:</b>	10/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/11/2013

### 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 with date of injury 7/18/12. Status post lumbar fusion L5/S1 on 4/19/04 and status post L3/4 fusion. Exam note 9/11/13 reports request for hardware removal and placement of fusion at L2/3 level. Report of significant neuroforaminal stenosis. Appeal letter from 10/7/13 reports claimant with antalgic gait with pain in anterior thigh. Radiographs demonstrate construct at L3/4 with fusion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**removal of hardware at L3-4 with possible graft enhancement and/or revision and placement of L2-3 fusion cage with decompression and arthrodesis: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Fusion.

**Decision rationale:** In this particular patient there is lack of medical necessity for lumbar fusion as there is no segmental instability or significant correlating neural impingement to warrant

fusion as required by the cited guidelines. Therefore, the determination is non-certification for lumbar fusion L4-S1.

**A two day inpatient hospital 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.