

Case Number:	CM13-0040612		
Date Assigned:	06/13/2014	Date of Injury:	12/03/2011
Decision Date:	08/04/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/23/2013

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 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 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 claimant is a 52-year-old female injured on December 3, 2011. Specific to her low back complaints, the records available for review document failed conservative care; a September 5, 2013, progress report notes worsening low-back and radiating left leg pain. The physical examination show 4-5 left gastroc strength with diminished sensation of the left leg in an L5-S-1 dermatomal distribution. The report of a September 3, 2013, MRI scan showed a disc protrusion at L5-S1 with disc desiccation. Plain film radiographs were not documented as having been taken. Based on failed conservative care, this request is for operative intervention in the form of an L5-S1 fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior/Posterior L5- S1 Spinal Fusion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: Based on the California MTUS ACOEM Guidelines, an anterior/posterior L5-S1 lumbar fusion would not be indicated. While the claimant's records reference continued low back and leg complaints, as well as positive radicular findings, there is no documentation of

segmental instability at the L5-S1 level on imaging. The ACOEM Guidelines recommend that there is no good evidence from controlled trials that spinal fusion alone is effective for treating any type of acute low back problem, in the absence of spinal fracture, dislocation, or spondylolisthesis if there is instability and motion in the segment operated on. Based on absence of documentation of segmental instability, the request for lumbar fusion would not be supported as medically necessary.