

<b>Case Number:</b>	CM13-0043424		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	08/08/1999
<b>Decision Date:</b>	04/18/2014	<b>UR Denial Date:</b>	10/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2013

### 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, has a subspecialty in Fellowship trained Spine Surgery and is licensed to practice in Texas and 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 patient is a 59-year-old male who reported an injury on 08/08/1999. The mechanism of injury was not provided for review. The patient's treatment history included physical therapy, facet injections, a home exercise program, and multiple medications. The patient underwent magnetic resonance imaging (MRI) of the lumbar spine in 08/2013 that documented the patient had 0 bilateral facet arthritis and associated facet hypertrophy with moderate right facet effusion. It was also noted there was mild impingement upon the right S1 nerve root at the lateral recess with moderate to severe bilateral foraminal stenosis. The patient's most recent clinical examination findings documented the patient had constant 9/10 pain with decreased Achilles reflexes bilaterally with decreased sensation in the L5 dermatomal distribution. It was noted the patient had 4/5 motor strength in the anterior tibialis and EHL bilaterally. The patient's diagnoses included lumbar stenosis with neurogenic claudication, degeneration of the lumbar intervertebral disc, and lumbar spondylosis with myelopathy. The patient's treatment plan included decompression and arthrodesis at L5-S1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L5-S1 DECOMPRESSION FUSION:** Overturned

**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:** The requested L5-S1 decompression and fusion is medically necessary and appropriate. American College of Occupational and Environmental Medicine recommends fusion surgery for patients that have undergone surgical intervention and extensive decompression that causes spinal instability. The clinical documentation submitted for review does provide evidence that patient has significant stenosis causing nerve root impingement at the L5-S1 level. The patient does have radicular physical findings and motor strength weakness in the L5-S1 distribution. As the patient's decompression surgery would cause spinal instability, fusion at L5-S1 would be appropriate. As such, the requested L5-S1 decompression fusion is medically necessary and appropriate