

<b>Case Number:</b>	CM13-0045480		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	12/23/2009
<b>Decision Date:</b>	02/28/2014	<b>UR Denial Date:</b>	10/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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 New Hampshire, New York and Washington. 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 patient is a 51-year-old female with the date of injury of December 23, 2009. Diagnoses include lumbar spondylolisthesis. Treatments to date include medications and physical therapy. The Patient has a past medical history of major depression, anxiety and a Gore phobia. Physical exam shows spasms in the back and leg pains. Physical examination did not document specific radiculopathy. Her physical exam documents normal motor strength and normal muscle tone in the legs. It also demonstrates normal sensation in the bilateral lower extremities. There are normal reflexes in the bilateral lower extremities. Gait is to be normal. At issue is a posterior lumbar interbody fusion (PLIF) at L4-5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Posterior lumbar interbody fusion (PLIF) at L4-5: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Fusion (Spinal)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

**Decision rationale:** This patient does not meet established criteria for lumbar fusion surgery. Specifically, there is no documented instability on lumbar imaging studies. In addition, the

medical records do not indicate that the patient has any red flag indicators for spinal fusion surgery such as fracture, tumor, or progressive neurologic deficit. In fact, the patient's neurologic examination is documented as being normal. Since the patient did not have any lumbar instability with abnormal motion documented on radiographs, and there is no concern for fracture, or tumor, the patient does not meet established criteria for lumbar fusion surgery. Therefore, the request is non-certified.

**Combo care unit.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.