

<b>Case Number:</b>	CM13-0049077		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	12/06/2010
<b>Decision Date:</b>	06/04/2014	<b>UR Denial Date:</b>	11/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/15/2013

### 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 injured worker is a 48 year-old female who was injured on December 06, 2010. The mechanism of injury is reported as slip and fall. It is also noted that plain lumbar x-rays and an MRI had been completed in November, 2013. Also noted is the injured worker was cleared to be permanently stationary in April, 2013. The plain films dated November, 2013 noted no spondylosis, scoliosis, fracture or any visible bony lesion. Degenerative retrolisthesis is identified and there was no motion noted with flexion or extension. No instability was identified. The MRI noted degenerative disc disease, a disc bulge, at the lower to lumbar levels. Treatment to date has included medications, injections, radiofrequency ablation and acupuncture. Chiropractic care and multiple medications have been used to address the complaints of ongoing low back pain. Previous progress notes indicate severe low back pain affecting the quality of life. There is reported difficulty walking protracted distances. Medications include Zoloft, Vicodin and medical marijuana. A previous motor examination noted intact strength to extensor hallucis longus, and the distal lower extremity. There was a significant relief noted with the facet blocks noted at multiple levels. The request dated November 01, 2013, for surgical intervention for anterior lumbar interbody fusion at L5/S1 was not certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ANTERIOR LUMBAR INTERBODY FUSION (ALIF) WITH INSTRUMENTATION:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

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

**Decision rationale:** This is an individual who had a slip and fall type event. Imaging studies noted marked multiple level degenerative changes. A facet block was reportedly 40% successful for a brief period. Recent imaging studies noted no evidence of fracture, infection, or instability. A modest but stable retrolisthesis is noted. As noted in the ACOEM guidelines, spinal fusion is not recommended for chronic low back pain if that is all that is present. There is no objectified significant pathology, there are complaints of pain for in excess of the objective findings reported, and there are no indicators of any surgical lesion. As such, this request is not medically necessary.

**LUMBAR BRACE:** 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.

**ASSISTANT 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.