

<b>Case Number:</b>	CM13-0050932		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	03/15/2010
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	10/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2013

### 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 Orthopaedic 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 injured worker is a 41-year-old male who was reportedly injured on March 15, 2010. The mechanism of injury was noted as while walking backwards, stepped on uneven boards and fell onto the buttocks. The most recent supplementary note dated September 16, 2013, indicated that there were ongoing complaints of back and leg pains. It was also noted that a permanent and stationary status had been reached. Diagnostic imaging studies objectified degenerative disc disease, multiple level retrolisthesis (no noted instability) and foraminal narrowing. Previous treatment included multiple narcotic analgesics, injection therapy, physical therapy and epidural steroid injections. Electrodiagnostic studies had demonstrated a chronic S1 radiculopathy on the right. A request was made for a posterior spinal fusion at L4-L5 and L5-S1 and was not certified in the pre-authorization process on October 7, 2013. A comprehensive cardiology consultation was obtained on November 11, 2011. Echocardiogram noted left ventricular hypertrophy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Posterior Spinal Fusion at L4-5, L5-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 305-306.  
Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

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

**Decision rationale:** Spinal fusion is only supported when there is a fracture, dislocation, convocations of tumor or infection. Based on the records reviewed, none of these maladies exist. Multiple level fusions were not used to address a single level radiculopathy. Therefore, when considering the date of injury and the injury sustained this is not medically necessary.