

<b>Case Number:</b>	CM13-0055296		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	11/17/2009
<b>Decision Date:</b>	03/25/2014	<b>UR Denial Date:</b>	11/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2013

### 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, has a subspecialty in 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 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 29-year-old female who reported an injury on 11/17/2009 after she picked up a 50 pound box which reportedly caused injury to her low back. The patient's treatment history included an L5-S1 laminotomy and discectomy in 10/2010 followed by physical therapy. The patient developed chronic pain that was managed with medications. The patient underwent an MRI that documented there was L5-S1 disc space narrowing with a 3 to 4 mm disc bulge, evidence of a left-sided laminotomy defect, mild to moderate left and mild right neural foraminal narrowing. The patient's most recent clinical documentation documented examination findings to include painful range of motion with tenderness to palpation and muscle spasm along the bilateral lumbar paraspinal musculature from the L1-S1, a left-sided positive straight leg raising test, decreased patellar reflex and Achilles reflex. The patient's diagnoses included lumbar spondylosis with myelopathy and sciatica. Consideration of an anterior/posterior decompression fusion at the L5-S1 with instrumentation and bone graft was recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**request for anterior/posterior decompression fusion L5-S1 with instrumentation, and bone graft:** 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  
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**Decision rationale:** The clinical documentation submitted for review does provide evidence that the patient has radiculopathy in the L5-S1 dermatomes that is supported by an imaging study. However, American College of Occupational Environmental Medicine does not recommend surgical intervention unless there is documentation of significant activity limitations due to radiating leg pain that has not responded to conservative treatments. The clinical documentation submitted for review does not provide any evidence that the patient has recently been treated with any conservative measures to assist in resolution of the patient's radiculopathy. Additionally, the American College of Occupational Environmental Medicine does not support lumbar spinal fusion in the absence of significant instability. Clinical documentation submitted for review does not clearly demonstrate that the patient has significant spinal instability. Additionally, there is no documentation that the patient has undergone a psychological review to establish that they are an appropriate candidate for a lumbar fusion. As such, the requested anterior/posterior decompression fusion L5-S1 with instrumentation and bone graft is not medically necessary or appropriate.