

<b>Case Number:</b>	CM13-0066509		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	07/05/2011
<b>Decision Date:</b>	03/26/2014	<b>UR Denial Date:</b>	11/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2013

### 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 Spine Surgery, and is licensed to practice in New York. 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 has chronic low back pain. He complains of back pain that radiates down to the legs. The patient has a date of injury July 5, 2011. He has electrodiagnostic studies demonstrating right active L5 denervation and no other evidence of active lumbar radiculopathy the bilateral lower extremities. Physical examination reveals reduced range of motion of the lumbar spine. He is able to walk with some difficulty and uses a cane. He has tenderness to palpation of the lumbar spine. Straight leg raising causes pain into the low back bilaterally. Motor examination reveals normal strength in the hip flexors and knee extensors. Dorsiflexion in EHL and in eversion is weak bilaterally. The patient has some give way weakness due to pain. Sensation is intact bilaterally. Reflexes are symmetric bilaterally. The patient's diagnoses include lumbar musculoligamentous strain and right L5 radiculopathy. MRI lumbar spine demonstrates bulging disc at L5-S1 with no evidence of significant spinal stenosis. At issue is whether surgical treatment is medically necessary at this time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Anterior posterior lumbar fusion at L4-S1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, the AMA Guides to the Evaluation of Permanent Impairment, and the ODG

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-318. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004),

**Decision rationale:** This patient does not meet established criteria for lumbar fusion surgery. Specifically, there is no evidence of instability on any imaging study present in the medical records. In addition, the patient does not have any red flag indicators for spinal fusion surgery such as fracture, tumor, or progressive neurologic deficit. Established criteria for lumbar fusion surgery are not met in this case. Guidelines for lumbar fusion are not met. The patient's MRI does not show any instability. In addition, there is no identified lumbar radiculopathy that clearly correlates with imaging study showing specific nerve root compression. The request for an anterior posterior lumbar fusion at L4-S1 is not medically necessary and appropriate.