

<b>Case Number:</b>	CM13-0067550		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	07/25/2011
<b>Decision Date:</b>	03/31/2014	<b>UR Denial Date:</b>	11/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2013

### 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 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 reported an injury on 10/20/2011. On physical examination he has tenderness of the cervical spine. He has tenderness of the low lumbar spine as well as iliac crest. There is tenderness along the course of the sciatic nerve. Lumbar range of motion is diminished. Neurologic exam documents normal motor strength with the exception of left 4-5 tibialis anterior bilateral 4-5 EHL left 4+ over 5 gastrosoleus. Reflexes are normal at the knees bilaterally absent ankles bilaterally. Sensation is diminished on the left lateral thigh. X-rays lumbar spine demonstrates grade 1 spondylolisthesis at L5-S1. There is advanced discogenic collapse at L5-S1. MRI the lumbar spine demonstrates spondylolisthesis at L5-S1 with bilateral pars defects. There is facet arthrosis at L4-5 with disc desiccation. The patient has been diagnosed with chronic cervical strain. Spinal stenosis and foraminal stenosis at L5-S1 with spondylolisthesis and disc degeneration at L4-5. At issue is whether anterior and posterior two-level lumbar fusion surgery 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:

**The request is for anterior lumbar interbody fusion, L4-L5 and posterior spinal fusion, L4-L5 with decompression: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307.

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

**Decision rationale:** This patient does not meet established criteria for lumbar decompression and fusion surgery. Specifically, the imaging studies do not demonstrate any significant instability or abnormal motion on flexion-extension views. Criteria for spinal fusion surgery are not met. There is no evidence of spinal fracture, tumor, or progressive neurologic deficit. The patient has long-standing L5 pars defects with grade 1 degenerative spondylolisthesis without demonstration of abnormal motion in the L5-S1 segment. In addition, the L4-5 segment has disc degeneration without instability. The MRI does not demonstrate severe nerve root compression that correlates with specific radiculopathy on physical examination. Criteria for lumbar anterior posterior fusion surgery are not met.

**The request for 2 day inpatient stay:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since his surgery is not medically needed, then all other items are not needed.