

<b>Case Number:</b>	CM14-0008793		
<b>Date Assigned:</b>	02/12/2014	<b>Date of Injury:</b>	08/06/1999
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	12/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/22/2014

### 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 Orthopedic Surgery and is licensed to practice in Mississippi. 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 65-year-old female who was injured on August 6, 1999. On September 7, 2013, the injured is documented as returning for reevaluation of low back pain described as sharp as well as hip pain. The pain is rated as 8-9/10. The examination documents diminished sensation to light touch bilaterally in an L5 and S1 dermatomal distribution. No muscle weakness is document. Patellar and Achilles reflexes are equivalent, but diminished bilaterally. The November 25, 2013 progress note documents similar complaints and findings on. MRI dated October 7, 2008 is documented as demonstrating minimal disc bulge at L4-5. The study showed no high-grade canal or foraminal stenosis. The repeat MRI the lumbar spine was obtained on August 31, 2012 and demonstrated no evidence of vertebral body fracture or spondylolisthesis. There was evidence of wild spondylosis with facet arthropathy and a mild L4-5 broad-based disc, but no canal stenosis or foraminal narrowing or evidence of nerve root impingement. Lumbar range of motion is documented as being diminished on the AME dated November 28, 2013. The utilization review in question was rendered on December 20, 2013. The reviewer noncertified the requested operative intervention. The reviewer indicates that the most recent MRI dated August 31, 2012 the not demonstrate evidence of spondylolisthesis or nerve root entrapment. Additionally, the reviewer indicates that no flexion extension views documenting instability were provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L4-L5 EXTREME LATERAL INTERBODY FUSION WITH POSTERIOR FUSION  
WITH LENGTH OF STAY: 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.

**Decision rationale:** The ACOEM notes that spinal fusion in the absence of tumor, dislocation, complications of tumor, or infection is not recommended except for cases of trauma related spinal fracture dislocation. This operative intervention may also be an option there is increased spinal instability after surgical decompression at the level of degenerative spondylolisthesis. Based on the clinical documentation provided, the MRI demonstrated no evidence of nerve root impingement or spondylolisthesis. As such, the request is considered not medically necessary.