Case Number:	CM14-0102521		
Date Assigned:	07/30/2014	**Date of Injury:**	04/21/2012
Decision Date:	08/29/2014	**UR Denial Date:**	06/16/2014
Priority:	Standard	**Application Received:**	07/02/2014

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 Spine Surgeon and is licensed to practice in Texas. 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 26-year-old female who reported an injury on 04/21/2012. The mechanism of injury was not provided for review. The injured worker's treatment history included activity modifications, anti-inflammatories, physical therapy, and epidural steroid injections. The injured worker was evaluated on 04/15/2014. It was noted that the injured worker had persistent low back pain rated at a 7/10. Physical findings included tenderness to palpation over the paraspinal musculature with restricted range of motion secondary to pain, and decreased sensation in the right S1 dermatomal distribution. A request was made for an updated MRI. The injured worker underwent an MRI on 04/19/2014. It was documented that the injured worker had disc desiccation at the L5-S1, degenerative changes to the L5-S1. It was noted that there was a broad-based disc bulge causing stenosis of the spinal canal and bilateral neural foraminal narrowing. The injured worker was again evaluated on 06/27/2014. It was indicated that a request was made for L5-S1 decompression and fusion that received a non-authorization determination. It was documented that the injured worker's physical symptoms were correlative with the imaging study provided for review and would require decompression and possible fusion. It was noted that stability from excessive removal of the facets could cause instability and would need to be determined intraoperatively.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fusion to L5 -S1 spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (http:// www.odg-twc.com/odgtwc/low_back.htm).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

Decision rationale: The requested fusion to the L5-S1 spine is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommend fusion surgery in instances of spinal instability or traumatic injury. The clinical documentation submitted for review does indicate that the need for the requested fusion would be determined intraoperatively. However, as there is no presurgical instability or indication that the injured worker is at risk for significant instability, fusion would not be indicated in this clinical situation. There is no indication that the injured worker has undergone previous surgical interventions at the requested level that would contribute to spinal instability intraoperatively. Additionally, the injured worker has mild stenosis. Although this is correlative with the injured worker's physical examination findings and would support decompression, the requested fusion would not be indicated. As such, the requested fusion to the L5-S1 is not medically necessary or appropriate.