

<b>Case Number:</b>	CM14-0103974		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	04/27/2013
<b>Decision Date:</b>	11/26/2014	<b>UR Denial Date:</b>	06/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2014

### 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 Physical Medicine & Rehabilitation and is licensed to practice in 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 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 54-year-old female who reported an injury on 04/27/2013. The mechanism of injury was due to an injury she received while lifting a client into a wheelchair using a Hoyer Lift. The injured worker has a diagnoses of lumbar spondylolisthesis, lumbar disc disorder, lumbar radiculopathy, and lumbar stenosis. Past medical treatment consists of physical therapy and medication therapy. Medications consist of Hydrocodone and Percocet. The MRI of the lumbar spine obtained 10/14/2013 demonstrated multilevel degenerative disc and joint disease. This was most severe at the L3-4, L4-5, and L5-S1. This has caused significant spinal canal stenosis at L3-4, L4-5, and L5-S1. There is a grade 1 L4-5 and L5-S1 spondylolisthesis. There also appeared to be PARS defects at the L5 level bilaterally. On 05/08/2014, the injured worker complained of lumbar back pain. Physical examination revealed motor testing was 5/5 strength in her legs throughout including her iliopsoas, quadriceps, hamstrings, dorsiflexors, extensor hallucis longus and plantar flexors. Her sensation was intact to light touch and pinprick throughout. Straight leg raising was negative bilaterally. Flexion and extension were painful, but relatively unencumbered. The medical treatment plan is for the injured worker to undergo transforaminal interbody fusion at L3-S1 level. The provider felt there was no non-surgical option, which was likely to achieve the goal of decompression and realignment of the injured worker's spine. The Request for Authorization form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L3 through S1 Transforaminal interbody fusion: 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:** The request for L3 through S1 transforaminal interbody fusion is not medically necessary. The submitted documentation did not indicate that the injured worker had trialed and failed conservative treatment. The guidelines state that except for cases of trauma related spinal fracture or dislocation, fusion of the spine is not usually considered during the first 3 months of symptoms. They also state that there is no scientific evidence about the long term effectiveness of any form of surgical decompression or fusion. The guidelines also recommend psychiatric consultations prior to spine surgery, there was no mention or indication that the injured worker had undergone a psychiatric consultation. There were no imaging scans submitted for review. With lack of pertinent evidence indicating spinal fracture, or revision laminectomy, a fusion would not be proven to be warranted. Given the above, the injured worker is not within the recommended guideline criteria. As such, the request is not medically necessary.