

<b>Case Number:</b>	CM14-0011894		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	11/28/2012
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	01/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2014

### 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 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:

This is a 37-year-old male with an 11/28/2012 date of injury, when using a chainsaw and was struck in the low back by the backhoe. 1/16/14 determination was non-certified. An unsigned medical report from 1/30/14 identified that x-rays from 2/18/13 revealed facet DJD L4-S1 and grade I spondylolisthesis L4 on L5. 1/23/14 medical report identified moderate difficulty transferring from the chair to standing and from standing to the exam table. Strength was 5/5 and there was tenderness to palpation. 12/12/13 medical report identified low back pain with radiation down both legs to the area of the thighs. Pain was rated 7-8/10. Exam revealed severe tenderness to palpation to the lumbar paraspinals. Neurological exam was normal. It was noted that the patient smoked one pack of cigarettes per day. Radiographs taken at the office revealed severe degenerative disc disease at L4-5. Flexion/extension views revealed approximately 3-4mm of instability with flexion and extension. 12/19/12 lumbar MRI report revealed left sided L4 pars interarticularis defect with associated increased edema signal within bilateral pedicles and also adjacent to the left pars. Furthermore, degenerative disc disease in combination with facet arthropathy contributes to moderate neural foraminal narrowing, right greater than left. This causes deformity of the exiting L4 nerve roots. At L5-S1 ventral and dorsal epidural fat with near complete effacement of CSF signal within the thecal sac at this level. Moderate L4/5 facet disease. 12/4/12 lumbar CT scan report revealed a 4-5mm broad-based posterior disc protrusion which is slightly eccentric to the right side, causing effacement of the ventral aspect of the thecal sac, but no spinal stenosis. There is right lateral recess narrowing, but no significant osseous neural narrowing noted on either side. Bilateral L4 spondylosis, without evidence of spondylolisthesis. Treatment to date included activity modification, physical therapy, home exercises, and lumbar epidural injection.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Anterior posterior spinal instrumentation with fusion at L4-5, allograft and autograft:**  
Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ) Low Back, and AMA Guides to the Evaluation of Permanent Impairment, Fifth Edition criteria for Instability (page 379).

**Decision rationale:** The patient has chronic low back pain without significant neurological findings on exam. The MRI report revealed left sided L4 pars interarticularis defect, degenerative disc disease with facet arthropathy contributing to moderate neural foraminal narrowing and deformity of the exiting L4 nerve roots. 12/4/12 lumbar CT scan report revealed a 4-5mm broad-based posterior disc protrusion without no spinal stenosis, and bilateral L4 spondylosis, without evidence of spondylolisthesis. Two reported x-rays findings included grade 1 L4-5 spondylolisthesis and, more recently, approximately 3-4mm of instability with flexion and extension. In addition, almost two years have elapsed since the date of injury and the patient has had extensive conservative treatment without resolution of symptoms. Considering all these factors, the requested fusion was medically necessary.

**Inpatient stay:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter.

**Decision rationale:** Given that the associated surgical procedure was medically necessary, the request for inpatient stay was as well necessary. As recommended by ODG, best target practice is for inpatient stay up to 3 days.

**Lumbar corset:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

**Decision rationale:** Given that the associated surgical procedure was medically necessary, the request for a lumbar corset was as well necessary.