

<b>Case Number:</b>	CM14-0017746		
<b>Date Assigned:</b>	04/16/2014	<b>Date of Injury:</b>	03/24/2011
<b>Decision Date:</b>	05/08/2014	<b>UR Denial Date:</b>	01/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2014

### 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 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 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 patient is a 53-year-old male with the date of injury of August 13, 2013. He has chronic back pain. Lumbar MRI from September 2013 shows L5-S1 disc protrusion without stenosis. L4-5 disc protrusion without stenosis. L3 for 3 mm disc protrusion without stenosis. Patient has had conservative measures and continues to have pain. At issue is whether multilevel anterior and posterior spinal decompression fusion is medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LUMBAR SPINE PARTIAL CORPECTOMIES, L3-S1 ANTERIOR INTERBODY FUSION WITH VASCULAR CO-SURGEON TO PROVIDE ANTERIOR APPROACH TO A LUMBAR L3-S1 FUSION, INSTRUMENTATION AND BONE GRAFT STAGE 1 AND LUMBAR SPINE L3-S1 POSTERIOR DECOMPRESSION, FUSION AND INSTRUMENT:** Upheld

**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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Spinal Fusion, page(s) 307

**Decision rationale:** The patient does not speak criteria for lumbar fusion. Specifically, the imaging studies do not document any evidence of lumbar instability. In addition the patient does not have any red flag indicators for spinal surgery such as fracture, tumor, or progressive neurologic deficit. Criteria for lumbar decompression are not met. The patient's imaging studies do not show any evidence of significant neurologic compression. In fact the lumbar MRI does not show any evidence of spinal stenosis. Lumbar decompression and fusion surgery I'm not medically necessary.

**FIVE (5) DAY IN-PATIENT STAY:** Upheld

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

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

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.