

<b>Case Number:</b>	CM14-0118128		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	09/26/2012
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	07/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/25/2014

### 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 Neurological 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:

The injured worker is a 69 year-old female who was reportedly injured on September 26, 2012. The mechanism of injury is noted as a fall after pushing a 5 gallon barrel. This resulted in low back and left lower extremity complaints. The most recent progress note dated June 20, 2014, indicates that there are ongoing complaints of low back pain. The physical examination demonstrated a 5'5", 210 pound individual who is normotensive and in no acute distress. The deep tendon reflexes are noted to be 2+ at the bilateral knees and 1+ at the bilateral ankles. The motor and sensory examination is normal, straight leg raising is positive and the sciatica with this maneuver, diagnostic imaging studies objectified a long-standing spondylolisthesis at L5-S1, a narrow disc space at L5-S1, and a bilateral pars defect. Magnetic Resonance Image (MRI) noted ligamentum flavum hypertrophy and facet joint arthritis. The previous treatments include conservative care, physical therapy, acupuncture, and oral steroids. A request was made for a lumbar fusion surgery and was not medically necessary in the pre-authorization process on July 1, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Anterior Lumbar Inter-body fusion at L4-L5 and L5-S1 w/ posterior decompression and stabilization at L4-L5 and L5-S1 w/ reduction of the grade I spondylolisthesis at L5-S1/small BMP (Bone Morphogenic Protein): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation (Low Back).

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

**Decision rationale:** It is noted that this individual has an ordinary disease of life spondylolisthesis. There is no objectification of increased motion or translation on the imaging studies presented for review. There is no indication that there is a fracture, dislocation, convocations of tumor or infection in this case. As outlined in the American College of Occupational and Environmental Medicine guidelines, spinal fusion is not recommended for chronic low back pain. While noting that there is ordinary disease of life degenerative pathology, there is no acute findings or clinical indications for a lumbar fusion surgery. Therefore, this request is not medically necessary.

**Pre-Operative History and Physical:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Preoperative Evaluation Am Fam. Physician. 2000 Jul 15;62 (2):387-396.

**Decision rationale:** The underlying request for surgery is not clinically indicated therefore this history and physical is not medically necessary.

**Labs:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Preoperative Evaluation Am Fam. Physician. 2000 Jul 15;62 (2):387-396.

**Decision rationale:** The underlying request for surgery is not clinically indicated therefore the preoperative laboratory studies are not medically necessary.

**(EKG) Electrocardiography:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Preoperative Evaluation Am Fam. Physician. 2000 Jul 15;62 (2):387-396.

**Decision rationale:** The underlying request for surgery is not clinically indicated therefore a preoperative also cardiogram is not medically necessary.

**Chest X-ray:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Preoperative Evaluation Am Fam. Physician. 2000 Jul 15;62 (2):387-396.

**Decision rationale:** The underlying request for surgery is not clinically indicated therefore a preoperative chest x-ray is not medically necessary.