

<b>Case Number:</b>	CM14-0135319		
<b>Date Assigned:</b>	08/29/2014	<b>Date of Injury:</b>	04/19/2012
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2014

### 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 records, presented for review, indicate that this 50-year-old male was reportedly injured on 4/19/2012. The work related injury occurred when the patient was shoveling debris. The most recent progress note, dated 7/14/2014, indicated that there were ongoing complaints of low back pain. The physical examination demonstrated the patient had a normal gait and limited range of motion of the lumbar spine. Coordination was grossly intact. Diagnostic imaging studies included radiographs of the lumbar spine dated 7/14/2014, which revealed mild degenerative change with no dynamic subluxation or instability. Previous treatment included lumbar laminectomy, physical therapy, epidural steroid injections, medications, and conservative treatment. A request had been made for anterior and posterior lumbar fusion with instrumentation at L5-S1, two day length of hospital stay, vascular co-surgeon for anterior approach and assistant surgeon for posterior approach and was not certified in the pre-authorization process on 6/5/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Anterior and posterior lumbar fusion with instrumentation at L5-S1 with 2 day los; with vascular co-surgeon for anterior approach and assistant surgeon for posterior approach:**  
Upheld

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

**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): ACOEM - California Guidelines; Low Back Disorders: Clinical Measures; Surgical Considerations - Spinal Fusion (electronically cited).

**Decision rationale:** ACOEM practice guidelines do not support a spinal fusion in the absence of fracture, dislocation, spondylolisthesis, instability or evidence of tumor/infection. Review of the available medical records documents a diagnosis of lumbar radiculopathy but fails to demonstrate any of the criteria for a lumbar fusion. Furthermore, there are no flexion/extension plain radiographs of the lumbar spine demonstrating instability. Given the lack of documentation, this request is not considered medically necessary. The requested surgical procedure is deemed not medically necessary. Therefore, all other requests for assistant surgeon and co-surgeons will not be needed and are considered not medically necessary.