

<b>Case Number:</b>	CM14-0167497		
<b>Date Assigned:</b>	10/14/2014	<b>Date of Injury:</b>	05/13/2013
<b>Decision Date:</b>	11/17/2014	<b>UR Denial Date:</b>	09/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2014

### 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:

The claimant is a 60-year old gentleman who injured his low back while lifting a twenty pack of soda on 06/13/13. Plain film radiographs showed mild degenerative changes from L2-3 through L5-S1 and no indication of flexion or extension instability on 10/01/13. The report of an MRI dated 07/22/13 revealed 4 millimeters of disc bulging with an extruded fragment at L4-5 resulting in foraminal narrowing and a left paracentral disc protrusion abutting the exiting left S1 nerve root at the L5-S1 level. The clinical assessment dated 08/18/14 noted incapacitating low back and left leg radicular complaints. Physical examination revealed tenderness to palpation at the left buttock, restricted forward flexion, and pain in the left posterior thigh on range of motion. Neurologic findings showed 4/5 strength of the hip flexors, quadriceps, tibialis anterior and gastroc complex in the left lower extremity. The claimant was diagnosed with herniated disc pathology at L4-5 and L5-S1. Based on failed conservative care, the recommendation for a two-level interbody fusion with instrumentation was made.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L4-L5 Transforaminal Lumbar Interbody fusion:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines, Low back Chapter, Fusion "Pre-Operative Surgical Indications for spinal fusion"

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

**Decision rationale:** Based on the California ACOEM Guidelines, the request for an L4-L5 transforaminal lumbar interbody fusion is not recommended as medically necessary. Although the claimant's MRI scan from 7/2013 reveals evidence of compressive pathology at the L4-5 level, there is no identification of segmental instability at the requested level of operative procedure to support the role of a fusion. While the claimant continues to be symptomatic from a radicular standpoint, the specific surgical request for a fusion in absence of segmental instability at the requested level of surgery would fail to support the current surgical request. Therefore, the requested L4-L5 Transforaminal Lumbar Interbody fusion is not medically necessary and appropriate.

**L5-S1 Tranforaminal Lumbar Interbody fusion:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines, Low back Chapter, Fusion "Pre-Operative Surgical Indications for spinal fusion"

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

**Decision rationale:** Based on the California ACOEM Guidelines, the request for an L5-S1 transforaminal lumbar interbody fusion is not recommended as medically necessary. Although the claimant's MRI scan from 7/2013 reveals evidence of compressive pathology at the L5-S1 level, there is no identification of segmental instability at the requested level of operative procedure to support the role of a fusion. While the claimant continues to be symptomatic from a radicular standpoint, the specific surgical request for a fusion in absence of segmental instability at the requested level of surgery would fail to support the current surgical request. Therefore, the request of L5-S1 Tranforaminal Lumbar Interbody fusion is not medically necessary and appropriate.