

<b>Case Number:</b>	CM14-0020425		
<b>Date Assigned:</b>	04/30/2014	<b>Date of Injury:</b>	06/13/2011
<b>Decision Date:</b>	07/08/2014	<b>UR Denial Date:</b>	02/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2014

### 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 Pennsylvania. 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 51-year-old female who injured her low back on 06/13/11 while cleaning an ice maker. The clinical records provided for review include the 01/13/14 progress report noting moderate to severe low back complaints and radiating bilateral lower extremity pain. The report documents recent conservative care including medication management and activities has been utilized and that the claimant recently underwent psychological clearance for a potential lumbar surgical procedure. Examination showed restricted range of motion and no documentation of sensory, motor, or reflexive change to the lower extremities. The imaging report of a 08/14/12 MRI scan showed degenerative changes at L3-4 and L5-S1, broad based disc bulging but no evidence of acute nerve root compromise. The report of plain film radiographs from 06/05/13 identified degenerative changes at the L5-S1 level with no documentation of instability. This is a request for an L5-S1 anterior lumbar interbody fusion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ANTERIOR LUMBAR INTERBODY FUSION, L5-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

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

**Decision rationale:** The California ACOEM Guidelines do not support the request for an anterior lumbar interbody fusion at L5-S1. While this individual has continued complaints of pain but there is no documentation of segmental instability at the L5-S1 level based upon the imaging reports reviewed. ACOEM Guidelines recommend fusion in the presence of spinal fracture, dislocation, or spondylolisthesis if there is instability and motion in the segment to be operated on. Without documentation of segmental instability at the L5-S1 level or positive radicular findings on examination, the acute need of a fusion process would not be supported as medically necessary.