

<b>Case Number:</b>	CM14-0020979		
<b>Date Assigned:</b>	04/30/2014	<b>Date of Injury:</b>	07/19/2012
<b>Decision Date:</b>	07/08/2014	<b>UR Denial Date:</b>	02/14/2014
<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 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 51-year-old gentleman who injured his low back in a work related accident on July 19, 2012. Records provided for review include the report of an MRI dated October 2, 2013 showing a small annular tear at the L4-5 level with no foraminal stenosis or neural compressive defect. There was evidence of a possible pars defect at the L4-5 level. The remaining disc levels were benign. No reports of plain films were provided for review. The clinical assessment on February 2, 2014 noted ongoing complaints of axial low back pain with examination showing tenderness to palpation, full range of motion, no strength deficit, but positive sensory changes to the left L5 dermatomal distribution. The report documented that the claimant had failed conservative care including epidural steroid injections, physical therapy, anti-inflammatory medications and work restrictions. The recommendation was made for an L4-5 decompression and lumbar fusion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LUMBAR FUSION AT L4-L5:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 307.

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

**Decision rationale:** Based on California ACOEM Guidelines, lumbar fusion would not be indicated for this claimant. While records indicate ongoing complaints of low back pain, there is currently no documentation of imaging revealing segmental instability at the L4-5 level or indication of progressive neurologic deficit on examination to support the need of a fusion procedure. The records provided for review would not support the surgical process as requested. The request is not medically necessary and appropriate.