

<b>Case Number:</b>	CM14-0025147		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	09/15/2011
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	02/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2014

### 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 Orthopaedic Surgery, and is licensed to practice in Mississippi. 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 45-year-old male injured on September 15, 2011. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated January 22, 2014, indicated that there were ongoing complaints of low back pain radiating to his right leg. The physical examination demonstrated a slow guarded gait and decreased lumbar spine range of motion with pain. Diagnostic imaging studies objectified an L4-L5 disc protrusion and an L5-S1 disc protrusion abutting the right S1 nerve root. There were diagnoses of a lumbar strain, loss of disc height at L5-S1, right lateral epicondylitis, L5-S1 disc protrusion and an L4-L5 disc protrusion. Lumbar spine surgery was recommended. Previous treatment included analgesic modifications, physical therapy and activity restriction. A request had been made for an anterior/posterior spinal fusion of L5-S1 and was not certified in the pre-authorization process on February 13, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ANTERIOR/POSTERIOR SPINAL 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 Chronic Pain Treatment Guidelines Low Back - Lumbar & Thoracic (Acute & Chronic), Discectomy/laminectomy.

**Decision rationale:** While the MRI the lumbar spine, dated December 12, 2012, identified a disk protrusion abutting the right sided S1 nerve, there are no objective physical examination findings to corroborate this study according to the Chronic Pain Medical Treatment Guidelines. Such objective findings on examination need to be present. Agreement must be present between the injured employee's symptoms, objective physical examination finding, and imaging studies. Without this evidence, this request for an anterior/posterior spinal fusion of L5-S1 is not medically necessary.