

<b>Case Number:</b>	CM14-0026308		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	11/16/2003
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	02/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2014

### 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 Texas. 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 73-year-old female who reported an injury on 11/16/2003 due to an unknown mechanism of injury. The injured worker reportedly sustained an injury to the cervical and lumbar spine. The injured worker underwent an MRI of the lumbar spine dated 11/07/2013. It was documented that the injured worker had diffuse spondylotic changes with a disc protrusion at L1-2 with bilateral exiting nerve root compromise, a disc bulge at L2-3 with right exiting nerve root compromise, and a disc bulge at L3-4 with bilateral exiting nerve root compromise, a disc bulge at L4-5 with bilateral exiting nerve root compromise, and a disc bulge at L5-S1 with bilateral exiting nerve root compromise. The injured worker was evaluated on 01/09/2014. It was documented that the injured worker had persistent low back pain rated a 9/10 to 10/10 without medications and reduced to a 6/10 to 8/10 with medications. Physical examination findings included restricted range of motion secondary to pain with a positive straight leg raising test to the right. It was documented that the injured worker had a slow antalgic gait due to knee and low back pain with ambulation assisted by a cane. The injured worker's diagnoses included lumbar strain with right radicular symptoms and cervical strain with radiculopathy. The injured worker's treatment plan included lumbar fusion surgery from L3-S1. No Request for Authorization was submitted to support the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L3-S1 Lumbar fusion:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 305-307.  
Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 310.

**Decision rationale:** The requested L3-S1 Lumbar fusion is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommend fusion surgery for instability. The imaging study submitted for review does indicate that the injured worker has multilevel pathology. Additionally, the clinical documentation submitted for review does support that the injured worker has radicular findings that have failed to respond to conservative treatment. However, the American College of Occupational and Environmental Medicine recommend a psychological evaluation prior to spinal surgery. There is no documentation that the injured worker has undergone any type of psychological evaluation to assess for this multilevel fusion surgery. As such, the requested L3-S1 Lumbar fusion is not medically necessary or appropriate.