

<b>Case Number:</b>	CM14-0034155		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	02/26/2011
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	02/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2014

### 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 38-year-old man who injured his low back on February 26, 2011. The records provided for review include a recent examination of January 29, 2014 noting continued low back complaints that have now failed to improve with conservative care including chronic narcotic medications, injection therapy including facet rhizotomies, work restrictions, and activity modifications. The physical examination showed equal and symmetrical reflexes with no sensory change or motor weakness. The report of a CT scan of September 26, 2013 identified an L5 pars defect and degenerative changes at L5-S1 with a disc bulge. An MRI report from the same date showed disc degeneration at L5-S1 with bilateral foraminal stenosis. The claimant was diagnosed with a pars defect and the recommendation was made for an L5-S1 interbody fusion and decompression.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L5-S1 anterior discectomy and fusion:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 382-383.

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

**Decision rationale:** Based on the California ACOEM Guidelines, L5-S1 anterior discectomy and fusion would not be indicated. The records document that the claimant has been diagnosed with a pars defect. There is no documentation or imaging report that identifies a structural instability or progressive neurologic dysfunction on examination to support the acute need of an operative procedure. There is also no indication of compressive pathology at L5-S1 and the claimant's physical examination does not show any motor, sensory or reflexive change. There is currently no clinical indication for the role of fusion procedure as requested.

**L5-S1 posterior laminectomy and fusion with pedicle screws:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 382-383.

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

**Decision rationale:** Based on the California ACOEM Guidelines, L5-S1 posterior laminectomy and fusion with pedicle screws would not be indicated. The records document that the claimant has been diagnosed with a pars defect. There is no documentation or imaging report that identifies a structural instability or progressive neurologic dysfunction on examination to support the acute need of an operative procedure. There is also no indication of compressive pathology at L5-S1 and the claimant's physical examination does not show any motor, sensory or reflexive change. There is currently no clinical indication for the role of fusion procedure as requested. As such, the request is not medically necessary.

**Three day inpatient stay:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Low Back Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: low back procedure - Fusion (spinal).

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.