

<b>Case Number:</b>	CM14-0041727		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	07/13/2012
<b>Decision Date:</b>	07/30/2014	<b>UR Denial Date:</b>	03/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2014

### 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 Spine Surgery and is licensed to practice in New York. 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:

This case involves a 54-year-old male with a date of injury of 7/13/2012. He has low back pain. The physical exam shows back tenderness to palpation. There were normal motor sensory and reflexes in the bilateral lower extremities. An MRI shows L5-S1 disc bulges, with modic changes. There are no imaging studies showing instability. The treatment to date includes physical therapy, epidural injection, and medications. The issue at dispute is whether two (2) level lumbar fusion surgery is needed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Anterior posterior spinal instrumentation and fusion at L5-S1 with bilateral laminectomy at L5 allograft and autograft:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, AMA Guidelines to the evaluation of permanent impairment, 5th edition, pg 379.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-322. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back Chapter.

**Decision rationale:** The MTUS/ACOEM Guidelines indicate that except for cases of trauma-related spinal fracture or dislocation, fusion of the spine is not usually considered during the first three months of symptoms. Patients with increased spinal instability (not work-related) after surgical decompression at the level of degenerative spondylolisthesis may be candidates for fusion. This patient does not meet established criteria for multilevel lumbar fusion. There is no instability documented in the medical records. Also, the patient does not have any red flag indicators for spinal fusion surgery, such as fracture or neurologic deficit of tumor. The physical exam is normal neurologically. There was no instability present on imaging. The guidelines have not been met.

**Lumbar corset:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

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

**Medical clearance:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

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