

<b>Case Number:</b>	CM14-0042405		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	10/26/2001
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	04/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2014

### 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 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:

Patient has chronic back pain. Patient has a date of injury of October 26, 2001. Patient had MRI in 2014 that showed L4-5 fusion and no significant disc bulge at L5-S1 with patent neural foramen at L5-S1. Clinical exam findings show decreased range of motion and decreased right Achilles reflex. Patient continues to have chronic back pain. Patient also has pain radiating to the left thigh. At issue is whether L5-S1 fusion is medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L5S1 Lumbar Fusion:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS pages 307-322.

**Decision rationale:** This patient does not meet establish criteria for L5-S1 fusion. Specifically there is no documented instability at L5-S1. In addition, the medical records do not document any red flag indicators for spinal fusion surgery such as fracture, tumor, or progressive neurologic deficit. Lumbar spinal fusion surgery at L5-S1 is not medically necessary. Lumbar

MRI in 2014 does not demonstrate significant abnormality at the L5-S1 level. Criteria for lumbar fusion not met.