

<b>Case Number:</b>	CM14-0043204		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	02/06/2013
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	03/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2014

### 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:

Claimant with industrial injury reported as 2/6/13. Complaint noted to be low back pain with intermittent pain radiating into the groin and buttocks. MRI March 2013 demonstrates mild disc space narrowing at L5/S1 with disc osteophyte complex noted with superimposed focal disc extrusion. Exam note 2/18/14 demonstrates normal neurologic examination. No documentation attached of failed conservative therapy or instability on upright radiographs.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Anterior stabilization and decompression with infix device at L5-S1 between 3/3/2014 and 4/17/2014:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304-306.

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

**Decision rationale:** The ACOEM Guidelines Chapter 12 Low Back Complaints page 307 state that lumbar fusion, "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." In this particular patient there is lack of medical necessity for lumbar fusion as there is no segmental instability or significant neural impingement to warrant fusion. Therefore the request for anterior stabilization and decompression with infix device at L5-S1 is not medically necessary.