

<b>Case Number:</b>	CM14-0045507		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	05/11/2011
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	03/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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 Orthopedics 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:

The patient has an injury date of May 11, 2011. He has chronic low back pain. A physical examination reveals back spasm and tenderness to palpation. There is reduced range of motion of the lumbar spine. There is decreased sensation bilaterally and S1 dermatomes. The patient has been treated with physiotherapy, medications, and he has had injection therapy with epidurals without improvement. An MRI lumbar spine shows total disc collapse at L5-S1 with bilateral foraminal stenosis. At issue is whether lumbar spinal surgery is medically necessary at this time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transforaminal lumbar interbody fusion with posterior instrumentation and bone grafting at L5-S1 level:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 310. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic): Fusion (spinal).

**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 lumbar fusion surgery. Specifically, there is no documented instability, fracture, or concern for a tumor. The medical records do not contain flexion-extension x-rays showing abnormal motion in the lumbar spine. Established criteria for the lumbar fusion surgery are not met. Therefore, the lumbar fusion surgery is not medically necessary.