

<b>Case Number:</b>	CM14-0052657		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	10/24/2011
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	03/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2014

### 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 Texas. 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 injured worker is a 42 year old male who sustained an injury on 10/24/11 when he was involved in a motor vehicle accident. The injured worker has been followed for complaints of low back pain. Prior treatment had included epidural steroid injections in May of 2012 without benefit. Medications had included a Medrol Dosepak. The injured worker did attend physical and chiropractic therapy. MRI studies of the lumbar spine were not available for review. The 04/01/14 evaluation was hand written and indicated ongoing low back pain. No specifics on physical exam were noted. No additional findings were noted on the 04/29/14 evaluation. The requested SLIF at L5 to S1 with laminotomy was denied on 03/27/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Anterior Discectomy & Anterior Lumbar Interbody Fusion with Interbody Fusion Cage & Anterior Instrumentation of L5-S1 followed under the same anesthesia with a Bilateral L5-S1 Laminotomy & Spinal 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 Guidelines

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** The clinical documentation provided for review would not support the surgical request followed under the same anesthesia with a bilateral L5 to S1 laminotomy & spinal fusion. There are no imaging studies of the lumbar spine available for review noting any significant pathology at the L5 to S1 that would be amenable to surgical intervention. Although the injured worker has remained symptomatic and failed nonoperative treatment, there are insufficient objective findings to support the surgical request. Furthermore, the clinical documentation provided for review did not include a recent psychological evaluation ruling out any confounding issues that could possibly impact postoperative recovery. As such, this request is not medically necessary.