

<b>Case Number:</b>	CM14-0064506		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	07/19/2012
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	04/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2014

### 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 51-year-old male who reported an injury on 07/19/2012. The diagnoses included cervical disc displacement and lumbago. The prior treatments included activity modifications, medications and physical modalities. Prior medications included topical compounds, tramadol and cyclobenzaprine. The mechanism of injury was not provided. The surgical history was noncontributory. The injured worker underwent an MRI of the lumbar spine with flexion and extension on 01/24/2014, which revealed that there was disc desiccation at L4-5 and L5-S1, and there was a posterior annular fissure at L4-5. The injured worker underwent a physical examination on 02/04/2014, which revealed that the injured worker had minimal improvements despite anti-inflammatories, physical therapy and epidural injections. However, the injured worker indicated that epidural injections did give him temporary relief. The pain was a 5/10 and was aggravated by the Valsalva maneuver. Physical examination revealed tenderness to palpation over the paraspinal musculature with decreased range of motion in flexion. There was no tenderness to palpation over the spinous processes and 5/5 strength. There was noted to be diminished sensation over the bilateral L5 dermatomes and 2+ reflexes in the lower extremities. The treatment plan included a recommendation for an L4-5 interbody fusion

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Spinal Lumbar Fusion at L4-L5:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 305-306.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 305-307.

**Decision rationale:** The ACOEM Guidelines indicate that surgical consultations may be appropriate for injured workers who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies, preferably with accompanying objective signs of neural compromise. There should be documentation of activity limitations due to radiating leg pain for more than one month or the extreme progression of lower leg symptoms as well as clear clinical, imaging and electrophysiological evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair and a failure of conservative treatment to resolve disabling radicular symptoms. Additionally, the ACOEM Guidelines indicate that there is no good evidence from controlled trials that spinal fusion alone is effective for treating any type of acute low back problem in the absence of spinal fracture, dislocation or spondylolisthesis if there is instability and motion in the segment operated on. The clinical documentation submitted for review indicated that the injured worker had a failure of conservative treatment. The injured worker had clear clinical evidence of a lesion. However, there was a lack of documentation of imaging evidence as there were no findings of instability on the MRI of the lumbar spine with flexion and extension from 01/24/2014. There was no lateral recess stenosis. There was no electrophysiological evidence submitted for review. The clinical documentation submitted for review failed to provide documentation of instability and motion at the level of L4-5. Given the above, the request for a spinal lumbar fusion at L4-5 for the lumbar spine is not medically necessary.