

<b>Case Number:</b>	CM14-0065341		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	03/21/2012
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	04/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2014

### 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 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:

The claimant is a 54-year-old man developed low back complaints because of a work-related motor vehicle accident on 03/21/12. The medical records provide for review documented that the car overturned. The claimant has been treated conservatively for his injury. The progress report dated 03/18/14 noted continued low back and right greater than left lower extremity pain. Physical examination showed 5/5 motor tone with no sensory or reflexive changes noted. The diagnosis was spondylolisthesis. Based on the claimant's history of failed conservative treatment for two years, the recommendation was made for an Interbody Fusion at the L4-5 Level. Review of the report of the 11/27/13 MRI identified multilevel degenerative changes and at the L4-5 level there was central canal stenosis, disc bulging and facet hypertrophy but no documentation of compressive findings. The medical records did not include any reports of plain film radiographs and there is no documentation of segmental instability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Inpatient L4-5 Midlif Posterior Lumbar Interbody Fusion:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Treatment in Worker's Comp; Low Back Chapter: Fusion - Hospital Length of Stay, Lumbar Fusion, posterior (Lumbar and lumbosacral fusion, posterior technique)

**Decision rationale:** Based on the California ACOEM Guidelines, the request for a posterior lumbar interbody fusion at L4-5 as an inpatient is not recommended as medically necessary. ACOEM Guidelines recommend 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 medical records provided for review do not contain any documentation of instability or compressive findings. Without evidence of segmental instability or compressive findings on imaging, the request for an L4-5 Posterior Lumbar Interbody Fusion as an Inpatient does not meet the ACOEM Guidelines and cannot be recommended as medically necessary.