

<b>Case Number:</b>	CM14-0069618		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	02/02/2011
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	04/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2014

### 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 Surgeon, 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:

The injured worker is a 39-year-old male who reported an injury on 02/02/2011 due to cumulative trauma while performing normal job duties. The injured worker reportedly sustained an injury to his low back. The injured worker's treatment history included physical therapy, medications, acupuncture, and epidural steroid injections. The injured worker was evaluated on 03/03/2014. It was documented that the injured worker had decreased sensation in the bilateral S1 dermatomal distributions with difficulty toe heel walking. As the injured worker had minimal relief from the previous epidural steroid injection, an L5-S1 interbody lumbar fusion was recommended. The injured worker's diagnosis included lumbosacral radiculopathy. A letter of appeal was submitted on 03/25/2014. It was noted that the injured worker's physician was a secondary treating physician and was recommending surgical intervention.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Spinal Fusion @ right L-S1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): "Spinal Fusion".

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

**Decision rationale:** The requested Lumbar Spinal Fusion @ right "L-S1" is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends fusion surgery for patients who have evidence of severe radicular symptoms and instability of the lumbar spine. The clinical documentation submitted for review does not provide any documentation of instability identified on an imaging study. In fact, no imaging study was provided to support this request. The American College of Occupational and Environmental Medicine also recommends psychological evaluation prior to fusion surgery. The clinical documentation submitted for review does not provide any evidence that the injured worker underwent a psychological evaluation prior to the request for fusion surgery. Furthermore, the request as it is submitted does not accurately identify an appropriate level of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Lumbar Spinal Fusion @ right L-S1 is not medically necessary.