

<b>Case Number:</b>	CM14-0074277		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	05/25/2009
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	04/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2014

### 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 Neurological Surgery 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 records presented for review indicate that the presented 38-year-old male was reportedly injured on 5/25/2009. The mechanism of injury was noted as a slip and fall. The most recent progress note, dated 3/14/2014, indicated that there were ongoing complaints of low back pain. The physical examination demonstrated positive tenderness at the spinous processes L1-L2 and L3-L4. Positive paraspinal muscle spasm noted bilaterally. Positive tenderness to palpation over the sacroiliac joints and iliac crest with limited range of motion. The patient can walk on his heels but is unable to walk on his toes. Bilateral numbness and tingling noted right and left. Bilateral lower extremity reflexes were 1+ was noted. Diagnostic imaging studies lumbar spine x-rays revealed solid fusion at L4-L5, degeneration at L5-S1 and large facet on the left at L5-S1. Previous treatment included previous surgery, physical therapy, back brace, medications, and conservative treatment. A request had been made for decompression L4-L5 and decompression fusion L5-S1 and lumbar MRI with metal subtraction techniques and was not certified in the pre-authorization process on 4/23/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Decompression: L4-5 and decompression fusion L5-S1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**Decision rationale:** Except for cases of trauma-related spinal fracture or dislocation, fusion of the spine is not usually considered during the first three months of symptoms. The patients with increased spinal instability (not work-related) after surgical decompression at the level of degenerative spondylolisthesis may be candidates for fusion. There is no scientific evidence about the long-term effectiveness of any form of surgical decompression or fusion for degenerative lumbar spondylosis compared with the natural history, placebo, or conservative treatment. 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. It is important to note that although it is being undertaken, lumbar fusion in patients with other types of low back pain very seldom cures the patient. After review of the medical documentation and physical examination findings, there was no evidence of fracture, dislocation, spondylolisthesis, instability, evidence of a tumor or infection noted. Therefore, based on the above stated guidelines, the request for decompression, L4-5 and decompression fusion L5-S1 is not medically necessary and appropriate.

**Lumbar MRI with metal subtraction techniques:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.