

<b>Case Number:</b>	CM14-0095576		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	05/13/2003
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	06/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2014

### 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 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 53-year-old gentleman with a cumulative trauma injury to his low back on 11/13/08. The clinical records provided for review included the 05/10/14 office note documenting physical examination findings of positive straight leg raising, 5/5 motor strength with the exception of gastric and peroneus longus which were 4/5 bilaterally, equal and symmetrical reflexes and no sensory deficit. The office note documented that the claimant had continued low back and leg pain and had failed conservative care that included physical therapy, medication management and epidural steroid injections. The report of an MRI of 03/03/11 showed a 2 millimeter spondylolisthesis of L5 relative to S1 and a left paracentral disc protrusion but no significant compressive neuroforaminal narrowing. Based on failed conservative care, the recommendation was for an L5-S1 fusion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Low Back Disk Surgery:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back- Lumbar Spinal Fusion.

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

**Decision rationale:** Based on California ACOEM Guidelines, the request for "low back disc surgery" cannot be recommended as medically necessary. The treating physician has recommended an L5-S1 fusion according to the medical records provided for review. 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 claimant's physical examination and imaging study fails to demonstrate significant compressive pathology at the L5-S1 level to support the requested procedure. There is also no documentation of instability as the records document 2 millimeters of stable spondylolisthesis on MRI from 2011. Therefore the request is not medically necessary.