

<b>Case Number:</b>	CM14-0156461		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	07/20/2004
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	09/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: New York, New Hampshire, Washington  
 Certification(s)/Specialty: Orthopedic Surgery

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

48 male with chronic low back pain. Imaging studies show multiple levels of lumbar disc degeneration worst at L4-5. There is no documented instability. The patient has not improved with conservative measures to include PT and pain meds. At issue is whether there is a need for lumbar fusion surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 extreme lateral interbody fusion L4-5/ cage/ XLP poss, PLF/PSF, possible laminectomy:**  
 Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-322.

**Decision rationale:** MTUS criteria for lumbar fusion not met. There is no instability, fracture, or tumor. There are no red flags for fusion surgery such as progressive neurologic deficit. Lumbar

fusion for degenerative disc condition is not more likely than fusion to relieve LBP. Fusion is not medically needed.