

<b>Case Number:</b>	CM14-0177376		
<b>Date Assigned:</b>	10/30/2014	<b>Date of Injury:</b>	09/18/2007
<b>Decision Date:</b>	02/05/2015	<b>UR Denial Date:</b>	09/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2014

### 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, has a subspecialty in Orthopedic Spine Surgery and is licensed to practice in New York. 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 patient has a date of injury of September 18, 2007. The patient has chronic low back pain. The patient is a 55-year-old female. MRI lumbar spine from November 2013 shows broad-based disc protrusion causing stenosis of the spinal canal at L4-5. At L5-S1 there is also stenosis of the spinal canal. The patient has had several treatments for back pain to include epidural steroid injections physical therapy and pain management. On physical examination she has tenderness palpation of the low back with reduced lumbar motion. Muscle strength is 5 out of 5. Reflexes are normal. Straight leg raising is normal. At issue is whether spinal surgeries medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L5-S1 fusion:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

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

**Decision rationale:** The patient does not meet establish criteria for lumbar fusion. Specifically there is no documentation of instability lumbar spine. There is no documentation of concern for

fracture tumor or neurologic deficit. There are no red flag indicators for spinal fusion surgery. The guidelines for spinal fusion surgery are not met. Criteria for spinal fusion not met. Spinal fusion surgery is not medically necessary and appropriate.