

<b>Case Number:</b>	CM14-0198620		
<b>Date Assigned:</b>	12/09/2014	<b>Date of Injury:</b>	03/21/2012
<b>Decision Date:</b>	01/30/2015	<b>UR Denial Date:</b>	10/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2014

### 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 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 is a 60-year-old with a date of injury of March 21, 2012. The patient has chronic low back pain. Physical exam shows decreased range of motion of the lumbar spine. There is normal motor strength in the lower extremities with normal reflexes and normal sensation with the exception of L5 to this sensation in both sides. The X-rays of the lumbar spine shows facet arthropathy at both L4-5 and L5-S1. There is degenerative disc condition at both levels. Magnetic resonance imaging (MRI) shows spondylolisthesis at L4-5. There is foraminal stenosis bilaterally. There is disc degeneration L5-S1. At issue is whether lumbar surgeries medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L4-L5 & L5-S1 TLIF with instrumentation and L4-5, L5-S1 with allograft, autograft:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter

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

**Decision rationale:** This patient does not meet established criteria for lumbar decompressive and fusion surgery. Specifically there is no documented instability on flexion-extension views. There is no documented progressive neurologic deficit. Physical exam does not clearly correlate with imaging study showing specific radiculopathy. Also, the medical records do not clearly document that the patient has exhausted all conservative measures to include a recent trial and failure physical therapy. Criteria for both lumbar decompression fusion surgery not met.

**Neuromonitoring:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

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