

<b>Case Number:</b>	CM14-0209968		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	01/10/2000
<b>Decision Date:</b>	02/13/2015	<b>UR Denial Date:</b>	12/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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 has chronic low back pain. He also complains of pain radiating down the left leg. He has complaints of bilateral leg pain. On physical examination he has reduced range of motion of the lumbar spine. Straight leg raising is negative bilaterally. Neurologic exam of the lower extremities shows normal motor sensory and reflex function. The patient is diagnosed with lumbar spondylosis, disc protrusion and bilateral leg pain. At issue is whether L5-S1 fusion surgery anteriorly is medically needed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L5-S1 Anterior Lumbar Fusion:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS Low back pain chapter, pages 305-322.

**Decision rationale:** This patient does not meet MTUS criteria for lumbar fusion. Specifically is no documented instability fracture or tumor. There are no red flag indicators for spinal fusion surgery such as fracture or progressive neurologic deficit. Lumbar fusion surgery for

degenerative disc condition in the lumbar spine is not more likely than conservative measures to alleviate low back pain. Lumbar fusion surgery is not medically necessary.

**Assistant Surgeon with 3 Day Inpatient Stay:** 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.