

<b>Case Number:</b>	CM14-0218930		
<b>Date Assigned:</b>	01/09/2015	<b>Date of Injury:</b>	09/20/2012
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	12/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2014

### 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:

The injured worker is a 48 year old female who suffered a work related injury on 09/20/12 when she slipped and fell backwards hitting her neck, hips and back. Per the physician noted from 12/03/14 she complains of incapacitating back pain and pain radiating down into her lower extremities bilaterally. Physical examination reveals severe tenderness, guarding, and spasming in the lumbar paraspinal musculature. Range of motion of the lumbar spine was severely limited due to pain. Diagnoses include spinal instability, spinal stenosis with radiculopathy L5-S1. Pert he notes she has failed conservative treatment for over 6 months which included physical therapy, work modifications and a series of ESI. The requested treatments are anterior lumbar decompression, interbody arthrodesis, and stabilization 5-S1, as well as inpatient stay of 3 days, and an assistant surgeon. These treatments were non-certified by Utilization Review on 12/26/14 noting the lack of psychosocial screen in the clinical summary provided. ACOEM and ODG were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Anterior lumbar decompression, interbody arthrodesis and stabilization L5-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Discectomy/laminectomy.

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

**Decision rationale:** 48 year old female with chronic LBP. Criteria for lumbar fusion not met. There is no documented instability, fracture, or tumor. No red flags for fusion surgery, MTUS criteria not met. Fusion for degenerative LBP is not more likely than conservative measures to relieve low back pain.

**Associated surgical service: Inpatient stay for 3 nights:** 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, Hospital length of stay (LOS).

**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.

**Associated surgical service: Assistant Surgeon:** 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), Surgical assistant.

**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.