

<b>Case Number:</b>	CM15-0027253		
<b>Date Assigned:</b>	03/05/2015	<b>Date of Injury:</b>	11/01/2010
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	01/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2015

### 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: California

Certification(s)/Specialty: Pediatrics, Neurological 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 32-year-old female who reported an injury on 11/01/2010. The mechanism of injury was the injured worker was pulling a loaded pallet jack in the middle of the ramp, the pallet jack smashed her foot. Prior therapies included medications and physical therapy. The documentation of 12/16/2014 revealed the injured worker had low back pain radiating to the bilateral legs. The injured worker had minimal improvement with anti-inflammatories, physical therapy, and an epidural steroid injection which gave minimal relief. The injured worker's prior surgical history was noncontributory to the request. The injured worker was noted to be a nonsmoker. The physical examination of the lumbar spine revealed tenderness to palpation over the paraspinal musculature. The injured worker had flexion of 60 degrees and extension of 25 degrees. The right bend was 25 degrees and the left bend was 25 degrees. There was no tenderness to palpation over the spinous processes. The injured worker had 5/5 strength. There was diminished sensation over the bilateral L5 dermatomes. There were 2+ reflexes in the patella and Achilles. There was a negative Achilles clonus and negative straight leg raise. The physician was noted to review the lumbar MRI which was opined to have L5-S1 modic changes with black disc. The diagnosis included lumbar radiculopathy and the treatment plan included an L5-S1 decompression and fusion.

### 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): 306-307.

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

**Decision rationale:** The American College of Occupational and Environmental Medicine indicates a surgical consultation may be appropriate for patients who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies preferably with accompanying objective signs of neural compromise. There should be documentation of activity limitations due to radiating leg pain for more than 1 month or the extreme progression of lower leg symptoms and clear clinical imaging and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair and documentation of a failure of conservative treatment to resolve disabling radicular symptoms. There is no good evidence from controlled trials that spinal fusion alone is effective for treating any type of acute low back problem in the absence of spinal fracture, dislocation, or spondylolisthesis. There were objective findings upon examination and the physician opined that the MRI revealed L5-S1 modic changes with black disc. However, the official MRI was not provided for review. There was documentation of a failure of conservative care. There was a lack of documentation of objective findings upon x-ray to indicate instability per flexion and extension studies. Given the above, the request for L5-S1 fusion is not medically necessary.