

<b>Case Number:</b>	CM15-0044015		
<b>Date Assigned:</b>	03/13/2015	<b>Date of Injury:</b>	02/28/2012
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	02/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/09/2015

### 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: 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 (IW) is a 58-year-old male who sustained an industrial injury on 02/28/2012. Diagnoses include cervical/lumbar discopathy, internal derangement bilateral knees and carpal tunnel/double crush syndrome. Treatment to date has included medications, physical therapy (PT), home exercises and epidural steroid injections (ESIs). Diagnostics performed include x-rays and MRIs. According to the progress notes dated 12/4/14, the IW reported constant pain in the cervical spine with radiation into the upper extremities and constant, severe pain in the low back with radiation into the left lower extremity with numbness and tingling. Pain was rated 8/10 and 9/10, respectively. The PT was not helpful and the ESIs helped temporarily. The requested service was part of the provider's treatment plan.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L3-S1 posterior lumbar interbody fusion with instrumentaiton, neural decompression, iliac crest aspiration and harvesting with realignment of junctional kyphotic deformity back to lordosis:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

**Decision rationale:** MTUS guidelines for multilevel lumbar fusion are not met. There is no documentation of lumbar instability, fracture, or tumor. There is no documentation of failure of previous fusion surgery. There are no red flags for spinal surgery such as progressive neurologic deficit. More conservative measures are needed for LBP treatment such as a recent trial and failure of PT.