

<b>Case Number:</b>	CM15-0085293		
<b>Date Assigned:</b>	05/07/2015	<b>Date of Injury:</b>	12/10/2013
<b>Decision Date:</b>	06/09/2015	<b>UR Denial Date:</b>	04/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/04/2015

### 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  
 Certification(s)/Specialty: 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 52-year-old female, who sustained an industrial injury on 12/10/13. She reported initial complaints of cumulative trauma. The injured worker was diagnosed as having lumbar spine multiple disc bulges with radiculopathy. Treatment to date has included status post discogram at L3-4, L4-5 and L5-S1 3/9/15. Diagnostics included MRI lumbar spine 5/19/14 and 12/23/14. Currently, the PR-2 notes dated 4/1/15 indicated the injured worker presents at this office for a follow-up of complaints of low back pain that radiates down to her right leg. She underwent a discogram involving L3-L4, L4-L5 and L5-S1 and is negative at these three levels. The discogram reproduced left lumbar pain although the injured worker gives a history of left lower lumbar pain as well as right. The L3-L4 disc demonstrated deterioration and internal derangement as well as lower pressures. She is currently taking Soma, levothyroxine Sodium and Tylenol #3. A physical examination was performed and reveals low back has good range of motion with no tenderness or spasm and negative for root entrapment signs. A MIR of the lumbar spine on 12/23/14 demonstrates degenerative disc disease at L3-4 and the discogram demonstrates the same. The provider is requesting a lateral interbody fusion at L3-L4 with cage and BNP; screw insertion at L3-L4; inpatient stay 2 days and post-operative physical therapy 12 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lateral Interbody Fusion with Cage, BNP and Screw Insertion at L3-L4: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307.

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

**Decision rationale:** The California MTUS guidelines do recommend a spinal fusion for traumatic vertebral fracture, dislocation and instability. This patient has not had any of these events. The guidelines note that the efficacy of fusion in the absence of instability has not been proven. Therefore, the request is not medically necessary and appropriate.

**Inpatient Stay (2-days): 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.

**Post-Operative Physical Therapy (12-sessions): 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.