

<b>Case Number:</b>	CM13-0069386		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	08/18/2011
<b>Decision Date:</b>	03/28/2014	<b>UR Denial Date:</b>	11/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, has a subspecialty in Fellowship trained in Spine Surgery and is licensed to practice in California. 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 physician 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 is a 48-year-old male who reported an injury on 08/18/2011. The mechanism of injury involved heavy lifting. The patient is currently diagnosed with degenerative lumbosacral intervertebral disc, spinal stenosis in the lumbar region, lumbago, thoracic/lumbosacral neuritis/radiculitis, and muscle spasms. A request for authorization form was submitted on 11/13/2013 for an L5-S1 decompression and fusion. However, there was no Physician's Progress Report submitted on the requesting date of 11/13/2013. The latest Physician's Progress Report was submitted on 10/29/2013 by [REDACTED]. Physical examination revealed decreased range of motion with tenderness to palpation. Treatment recommendations included continuation of current medications with the exception of AcipHex and Percocet and continuation of home exercise program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L5-S1 decompression/fusion:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state surgical consultation is indicated for patients who have severe and disabling lower extremity symptoms, activity limitation for more than 1 month, extreme progression of lower extremity symptoms, clear clinical, imaging, and electrophysiological evidence of a lesion, and failure of conservative treatment. As per the documentation submitted, there is no indication of an exhaustion of conservative treatment prior to the request for a surgical intervention. There was no imaging studies provided for review. There is no evidence of documented instability on flexion and extension view radiographs. Additionally, there has not been any psychological evaluation prior to the requested surgical intervention. Based on the clinical information received, the current request cannot be determined as medically appropriate. As such, the request is non-certified.