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| <b>Case Number:</b>   | CM14-0114903 |                              |            |
| <b>Date Assigned:</b> | 09/16/2014   | <b>Date of Injury:</b>       | 09/01/1982 |
| <b>Decision Date:</b> | 10/07/2014   | <b>UR Denial Date:</b>       | 06/24/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/22/2014 |

### 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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in New York. 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/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 64-year-old male with a date of injury of October 16, 2010. The patient has chronic back pain. Patient is diagnosed with L5-S1 grade 2 spondylolisthesis. Physical examination shows no focal neurologic deficit. MRI shows 2 mm retrolisthesis with foraminal stenosis. CT scan shows mild stenosis at L4-5 and no stenosis at L5-S1. At issue is whether L5-S1 fusion is medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L5-S1 posterior fusion with correction of spinal stenosis with nerve monitoring:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-308.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ODG low back chapter, MTUS low back chapter

**Decision rationale:** This patient does not meet establish criteria for L5-S1 fusion. Specifically there is no documentation of instability fracture or tumor. There is no documentation of significant neurologic deficit. The patient has no red flag indicators for spinal fusion surgery

such as fracture, tumor, or progressive neurologic deficit. Spinal fusion surgery not medically necessary.

**Two day inpatient stay:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, low back chapter, hospital length of stay

**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.