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| <b>Case Number:</b>   | CM14-0163604 |                              |            |
| <b>Date Assigned:</b> | 10/07/2014   | <b>Date of Injury:</b>       | 11/25/2013 |
| <b>Decision Date:</b> | 11/07/2014   | <b>UR Denial Date:</b>       | 09/23/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/06/2014 |

### 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 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 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:

This is a 43-year-old gentleman who sustained a low back injury in a motor vehicle accident on 11/25/13. The clinical records provided for review included a follow up report dated 09/10/14 noting continued complaints of pain and weakness. Physical examination showed diminished sensation in an L4 dermatomal distribution, normal quadriceps, extensor hallucis longus, and tibialis anterior strength, and reflexes were noted to be equal and symmetrical. The treating physician documented review of the lumbar MRI dated 06/20/14 that showed multilevel disc desiccation and broad-based disc protrusions most pronounced at the L3-4, L4-5, and L5-S1 levels. There was also multilevel facet hypertrophy and bilateral neural foraminal narrowing. The L4-5 level was noted to contact the exiting L5 nerve roots. The L3-4 disc herniation was noted to contact the exiting L4 nerve roots. There was no indication of compressive findings at L5-S1. The medical records did not include any other imaging information for review. The recommendation was made for lumbar fusion of the L3 through L5 levels.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar fusion L3-5:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
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**Decision rationale:** Based on the California ACOEM Guidelines, the request for lumbar fusion L3-L5 is not recommended as medically necessary. The clinical records document imaging findings of disc protrusion and herniation at the L3-4 and L4-5 levels but fail to demonstrate any evidence of segmental instability at any level as recommended by the ACOEM Guidelines. While the claimant is noted to have sensory changes at the L4 level, there is currently no indication for a fusion procedure in the absence of segmental instability at the two requested levels for operative intervention. The clinical request for the specific surgical request would not be supported.