

<b>Case Number:</b>	CM14-0081036		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	03/27/2009
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	05/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2014

### 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 Spine Surgery and is licensed to practice in Texas. 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 26-year-old male who reported an injury on March 27, 2009 after being hit by a gate on a trunk. The injured worker reportedly sustained an injury to his low back. Treatment history included several modalities such as chiropractic care, medications, physical therapy, home exercise program, and epidural steroid injections. The patient underwent a discogram and a CT scan. The CT scan revealed a disc bulging from L1-2 through L4-5. The patient's discography dated December 20, 2012 documented there was a degenerative fissured disc at L1-2. The patient was evaluated on April 14, 2014. It was documented that the patient had an antalgic gait with restricted range of motion of the lumbar spine with a positive straight leg raise test and diminished reflexes of the bilateral lower extremities. A request was made for fusion at T12-L1 and L1-2.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Anterior interbody fusion T12-L1 and L1-L2.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** The American College of Occupational and Environmental Medicine recommends fusion surgery for patients who have significant instability that requires stabilization. The clinical documentation submitted for review does not provide any evidence of instability. Furthermore, the American College of Occupational and Environmental Medicine recommends a psychological evaluation prior to spinal surgery. The clinical documentation does not provide any evidence that the patient has undergone any type of psychological evaluation at this point. As such, the request for an anterior interbody fusion at T12-L1 and L1-L2 is not medically necessary or appropriate.

**Inpatient stay for two 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.

**An assistant surgeon.:** 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.

**Pre-operative clearance.:** 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.