

<b>Case Number:</b>	CM13-0024533		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	07/23/2010
<b>Decision Date:</b>	02/03/2014	<b>UR Denial Date:</b>	08/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2013

### 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 and is licensed to practice in California, Connecticut, and Pennsylvania. 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 30-year-old injured worker who sustained an injury to their low back on May 20, 2011. Clinical records available for review in this case indicate a June 26, 2013, orthopedic follow up with [REDACTED] describing current complaints of low back pain with radiating lower extremity complaints. Physical examination findings showed paraspinous muscle tenderness with guarding, restricted range of motion, positive bilateral straight leg raising, and +1 equal and symmetrical deep tendon reflexes. It was noted at that time that the claimant had failed conservative care in regard to the low back and leg related complaints. Prior clinical imaging in this case included no formal lumbar reports. It is stated that the claimant is with multilevel disc degeneration, facet hypertrophy, and disc bulging. At present, there is a request for surgical intervention in the form of a lumbar decompression with instrumentation at the L4-5 and L5-S1 level. Further documentation of treatment, physical examination findings, or imaging is not stated beyond the date above.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar posterior decompression with stabilization:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** Based on the California ACOEM Guidelines, spinal fusion procedures are only recommended for "spinal fracture, dislocation, spondylolisthesis, if documented instability or motion in the segment operated on" is noted. Records for review fail to demonstrate progressive neurologic dysfunction and/or segmental instability at the requested surgical levels to support the acute need of an operative process. The role of surgical intervention for the above-mentioned claimant would not be indicated. The request for a lumbar posterior decompression with stabilization is not medically necessary and appropriate

**Pre-operative medical clearance:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM OMPG Guidelines (Second Edition, 2004), Chapter 7, Independent Medical Examinations and Consultations, pg. 127.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.