

<b>Case Number:</b>	CM13-0029832		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	10/13/1991
<b>Decision Date:</b>	01/23/2014	<b>UR Denial Date:</b>	09/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/27/2013

### 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. 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 53-year-old patient was originally injured in October of 1991. A variety of injections have been provided. An MRI has revealed multilevel degenerative changes. An August 2013 very detailed report outlined back and bilateral lower extremity pain with a positive straight leg rising. L3 through S1 decompression with L4-5 stabilization possibly at other levels was recommended by the provider. The provided information includes an MRI of the lumbar spine dated 04/30/13. No significant central stenosis was noted at L3-4 and lateral recess stenosis was only mild. More significant stenotic changes were noted at L4-5, but at L5-S1 there was no significant neural impingement. In short, the only significant compression would appear to be at the L4-5 level.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Decompression at L3-4, L4-5, L5-S1: 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 Page(s): 305-307.

**Decision rationale:** On overview, this individual would appear to have neurogenic claudication symptoms from stenosis. However, the most recent available MRI dated would not appear to

suggest significant stenosis at all three levels identified for decompressive surgery. Given that the severity of imaging change would not appear to be support the concept of decompression at all levels requested, the request in general would not be deemed medically necessary. In conclusion, the denial for lumbar decompression at the three levels in this case should be upheld. Imaging data would not seem to support the occurrence of significant stenosis at all three levels, and as such, surgery to all three levels could not be deemed medically necessary.