

<b>Case Number:</b>	CM13-0033741		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	07/17/2011
<b>Decision Date:</b>	01/31/2014	<b>UR Denial Date:</b>	09/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2013

### 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 New Hampshire. 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.

### 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 31-year-old male who sustained a work-related injury on July 17, 2011. He is diagnosed with lumbar spine strain and bilateral lower extremity radiculopathy. MRI from January 2013 shows a 3 mm disc bulge at L4-5 with annular tear, and the 2 mm disc bulge at L5-S1 with facet changes. Previous MRI scan on February 2012 showed loss of disc height at L4-5. There was also a 5 mm disc bulge at L4-5 that caused mild central and moderate to severe neuroforaminal stenosis. Another MRI scan in January 2013 show diminished disc height at L4-5-3 millimeter disc bulge with an annular tear. There was facet hypertrophy and the disc bulge at L5-S1. Patient complains of back pain and bilateral lower extremity pain. On physical examination, there is tenderness to the paraspinal muscles. There is a decreased range of back motion. Straight leg test is positive bilaterally. Documented physical examination on 7 May 2013 reveals normal motor strength in the bilateral lower extremities and normal sensation in the bilateral extremities as well as normal reflexes. EMG neurophysiologic testing did not demonstrate abnormality the bilateral lower extremities. At issue is whether lumbar surgery is medically necessary at this time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**for L4-5 fusion and decompression surgery:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-309. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back Chapter.

**Decision rationale:** This patient clearly does not meet established criteria for lumbar decompression and fusion at this time. Specifically the medical records do not document a specific radiculopathy on physical examination. The medical records do document normal motor sensory reflex function the bilateral lower extremities. Additionally, there is no documentation of an imaging study demonstrating severe compression of her nerve root that has a corresponding deficit on physical examination. Lumbar decompressive surgery is not medically necessary. Guidelines for lumbar fusion surgery are not met. This patient has no documented lumbar instability. This patient also does not have any red flag indicators for spinal fusion surgery such as fracture, tumor, or progressive neurologic deficit. Guidelines for spinal surgery are not met.