

<b>Case Number:</b>	CM14-0000755		
<b>Date Assigned:</b>	01/17/2014	<b>Date of Injury:</b>	12/05/2011
<b>Decision Date:</b>	06/06/2014	<b>UR Denial Date:</b>	12/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2014

### 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 Surgery and is licensed to practice in New York. 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 59-year-old female with a date of injury of December 5, 2011. The patient has chronic back pain. MRI from September 2013 documented diffuse spondylosis from L2-S1. All levels will mild canal narrowing. The patient's mechanism of injury is that she slipped and fell on a wet floor. The patient has taken medications to include Tylenol. She is a smoker. Physical exam reveals a BMI of 32.5. There is tenderness to the low back muscles. There is limited range of motion of the low back muscles. Straight leg raising causes back pain. Motor exam is normal. There is hypoesthesia in S1-L5. Patient has had previous epidural steroid injection. At issue is whether surgeries medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **LUMBAR DECOMPRESSION L4-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lumbar Spine, Low Back Disorders.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

**Decision rationale:** This patient does not meet establish criteria for lumbar decompressive surgery. Specifically, there is no documented specific radiculopathy that correlates with MRI imaging showing severe neural compression of the lumbar spine. In fact, the MRI imaging does not show significant compression of the nerve roots. There is no correlation between physical exam and imaging. The patient does not have a progressive neurologic deficit. There is no evidence of tumor, fracture or any severe spinal stenosis. The request for Lumbar decompressive surgery is not medically necessary.