

<b>Case Number:</b>	CM14-0001051		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	02/20/2010
<b>Decision Date:</b>	03/25/2014	<b>UR Denial Date:</b>	12/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/03/2014

### 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 Spine 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 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 60 year old male with a DOI of 2/20/2010. He has chronic LBP and leg pain. He had electrodiagnostic studies that show evidence of chronic L5 bilateral lumbar radiculopathy. The MRI 2/13 of the lumbar spine shows disc desiccation of the L3-4 and L4-5 discs. This MRI was done with flexion and extension. There is no documented instability. The MRI 9/13 shows mild foraminal narrowing with disc degeneration. Physical exam shows reduced lumbar ROM and back tenderness. Left positive SLR. There is ehl weakness and decreased left L5 sensation. At Issue is whether or not surgery is medically needed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L4-5 bilateral laminectomy, foraminotomy and discectomy, intervertebral body fusion and posterior instrumentation and fusion, inpatient 2-3 days: 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): 305-318. Decision based on Non-MTUS Citation ODG, Pain Chapter, Low Back

**Decision rationale:** This patient does not meet established MTUS and ODG criteria for lumbar decompression and fusion surgery. Specifically, the official reading of the MRI imaging studies

in the lumbar spine does not demonstrate any evidence of severe and significant spinal stenosis with nerve root compression. Also, there is no evidence of instability, fracture, or tumor. There physical exam does not correlate with the imaging studies in identifying specific nerve root compression. Criteria for lumbar fusion and decompression are not met.

**Post-op labs and EKG:** 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.

**Surgical assistant:** 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.

**LSO brace:** 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.

**Physical therapy three times a week for six weeks:** 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.