

<b>Case Number:</b>	CM14-0017074		
<b>Date Assigned:</b>	05/09/2014	<b>Date of Injury:</b>	08/18/2011
<b>Decision Date:</b>	07/09/2014	<b>UR Denial Date:</b>	01/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2014

### 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, has a subspecialty 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 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 48-year-old male with the date of injury of August 18, 2011. He has chronic low back pain. Patient was diagnosed with chronic low back pain and degenerative disc condition with spinal stenosis and radiculitis. Conservative measures included activity modification medication, physical therapy and epidural steroid injection. Epidural steroid injection gave no relief. MRI of the lumbar spine from October 2011 does show a central disc protrusion of L5-S1. At issue is whether surgical decompression and fusion is medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **L5-S1 DECOMPRESSION AND FUSION:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307, 310.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307-322.

**Decision rationale:** The patient does not meet establish criteria for surgical decompression fusion and lumbar spine. Specifically there is no evidence of documented instability. The patient has no red flag indicators for spinal fusion such as fracture tumor or progressive neurologic deficit. The patient also does not meet criteria for lumbar decompressive surgery.

The MRI does not show very severe spinal stenosis. Also, the patient does not have documented severe radiculopathy on physical examination that clearly correlate with MRI imaging. Therefore, the request for a lumbar decompression fusion is not medically necessary and appropriate.