

<b>Case Number:</b>	CM14-0132226		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	10/30/2013
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	08/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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 Orthopedic 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 injured worker is a 53-year-old with a date of injury October 30, 2013. He has chronic low back pain. He had laminectomy surgery in 1997 and in 2009. He continues to complain of back pain radiating to the legs. He has had conservative measures to include physical examination medications and muscle relaxants. Physical examination shows positive straight leg raise bilaterally. He has decreased sensation left and right L3-4 and 5 dermatomes. He has some weakness of left ankle inversion eversion dorsiflexion and plantar flexion. He has some weakness of knee flexion extension. Electrodiagnostic studies from 2014 suggest bilateral S1 radiculopathy and L5 radiculopathy as well as diffuse peripheral neuropathy. Flexion-extension x-rays lumbar spine show normal alignment without instability. MRI lumbar spine shows degenerative disc condition at multiple levels with L3 for osteophyte and L4-5 disc herniations. At L5-S1 there is a left paracentral disc protrusion. At issue is whether decompressive and fusion lumbar surgery at multiple levels medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Request for L4-S1 global fusion and an L3/4 laminectomy with a 3 day inpatient hospital stay:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines - Low Back Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS low back chapter, ODG low back chapter

**Decision rationale:** This injured worker does not meet establish criteria for multilevel fusion or multilevel lumbar decompression. With respect effusion, there is no evidence of instability the lumbar spine. The patient has normal flexion-extension views showing no evidence of instability. In addition the patient has no red flag indicators for fusion such as fracture or concern for tumor. With respect to decompression, the injured worker does not have clear correlation between physical exam showing specific radiculopathy and MRI imaging showing specific compression of the nerve root. Since there is no clear correlation between imaging studies and physical examination, lumbar decompressive surgery criteria has not been met. In summary criteria for both lumbar fusion and decompression has not been met. Therefore, this request is not medically necessary.