

<b>Case Number:</b>	CM14-0137844		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	03/02/2011
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	08/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2014

### 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:

Magnetic resonance imaging (MRI) of the lumbar spine from June 2013 show degenerative disc condition from L4-S1 with unchanged L5-S1 neuroforaminal narrowing and no significant spinal stenosis. Physical examination shows tenderness to palpation of reduced range of lumbar motion. The injured worker demonstrated give way weakness to the bilateral tibialis anterior and EHL's. Injured worker had numbness and L4-S1 bilaterally with absent knee and ankle reflexes. At issue is whether lumbar decompressive and fusion surgery are medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Anterior L4-L5 and L5-S1 fusion, discectomy inclusive of interbody/plate/aallograft:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 307. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter.

**Decision rationale:** This patient does not meet establish criteria for lumbar decompression and fusion surgery. Specifically there is no documented evidence of instability, fracture or tumor. In addition there is no clear correlation between MRI imaging showing severe compression of nerve roots and physical exam findings showing specific radiculopathy. Criteria for lumbar decompression and fusion surgery not met. There is no documentation of abnormal instability on flexion-extension radiographs. There were no red flag indicators for decompression or fusion surgery such as fracture, tumor, or significant neurologic deficit. There is no clear correlation between MRI imaging studies and physical examination. Criteria for lumbar fusion and decompression not met; therefore, the request is not medically necessary.

**Lumbar Brace:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.