

<b>Case Number:</b>	CM14-0155821		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	04/27/1998
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	08/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2014

### 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 California. 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 claimant is a 65-year-old gentleman with a documented date of injury on 04/27/98. The medical records provided for review documented that the claimant has chronic low back pain with radiating pain into both legs and has failed conservative care. The report of the 08/11/14 evaluation notes mild improvement with medications but continues to have subjective complaints of the lower extremities. The report documented that a prior MRI scan showed evidence of a surgical fusion at the T12-L1 level; at the L4-5 level there was bilateral recess stenosis, left greater than right, and a mild Grade I spondylolisthesis. There was no documentation of any physical examination findings. The recommendation was made for L4-5 interlaminar decompression without fusion. The previous examination on 07/23/14 showed negative straight leg raise with equal and symmetrical deep tendon reflexes and no documentation of motor or sensory deficit. This review is for the request for a lumbar decompressive surgery at the L4-5 level.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 bilateral L4-L5 interlaminar decompression without fusion: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 306.

**Decision rationale:** Based on California ACOEM Guidelines, the request for lumbar decompression at the L4-5 level is not recommended as medically necessary. The medical records do not identify that the claimant has any evidence of radicular findings on physical examination that would correlate with the L4-5 level to support the proposed surgery. ACOEM Guidelines recommends clinical correlation between the claimant's imaging findings and physical examination findings prior to consideration for surgery. Therefore, the requested operative procedure is not recommended as medically necessary.