

<b>Case Number:</b>	CM14-0157393		
<b>Date Assigned:</b>	09/30/2014	<b>Date of Injury:</b>	12/26/2010
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	09/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2014

### 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 has chronic back pain. MRI from April 2014 shows scoliosis. There is disc bulges at multiple levels. There is retrolisthesis at L3-4. There is disc bulges from L2-S1 levels. The patient is a 59-year-old who has chronic back pain. Conservative measures included pain medications physical therapy and lumbar epidural steroid injections with limited benefit. Patient continues to have pain. Physical examination shows tenderness to the paraspinal muscle with decreased range of motion. Sensation is decreased bilaterally at L3-L4 and L5. There is weakness in hip flexors extensors bilaterally. Lumbar x-ray shows multiple levels of DDD with mild scoliosis. At issue is whether lumbar decompression surgery with coflex medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Micro-Decompression of Bilateral L3-4 & L4-5 with Corflex stabilization at both levels:** Upheld

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

**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 pain chapter, ODG low back pain chapter

**Decision rationale:** This patient does not meet established criteria for lumbar decompression and fusion surgery. Specifically there is no documentation of instability lumbar spine. Flexion-extension views do not document abnormal motion. In addition, there is no documentation a progressive neurologic deficit. There is no clear correlation between imaging studies and physical examination that specific radiculopathy correlated with specific nerve root compression. There are no red flag indicators for spinal fusion decompressive surgery such as fracture tumor or progressive instability. Criteria for both decompression and fusion surgery is not met. Therefore, this request is not medically necessary.