

<b>Case Number:</b>	CM14-0165420		
<b>Date Assigned:</b>	10/10/2014	<b>Date of Injury:</b>	03/12/2013
<b>Decision Date:</b>	12/11/2014	<b>UR Denial Date:</b>	09/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2014

### 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 Arizona. 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:

This is a 42-year-old male who has a date of injury of 3/12/2013. As part of his symptom complex the patient is complaining of low back pain with radiation to both legs associated with numbness and tingling. Objective findings include pain related loss of motion; tenderness in the paraspinal muscles, straight leg raise was positive or negative depending on the examiner. There is no motor or sensory deficit in the legs. Patient had a discogram which revealed abnormal disks from L3 to the sacrum with concordant pain at L5-S1 and at L4-5. The MRI scan reveals degenerative disc disease at several levels. Based on these radiographic studies, a request has been made to perform a 2 level anterior interbody fusion. This was not certified. Part of the rationale was the lack of lumbar instability. A range of motion x-rays study of the lumbar spine is requested to demonstrate segmental instability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One range of motion exam:** Upheld

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

**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, fusion,

**Decision rationale:** This patient underwent flexion and extension lateral views of the lumbar spine on 6/11/2014. They revealed no subluxation from L3 to the sacrum. There was only 1 mm of subluxation at L1-L2 and at L2-L3. The patient's symptoms have not changed since this examination was done. The examination revealed no significant segmental instability of the lumbar spine. There is nothing in the documentation to give any other reason why this study should be repeated. Therefore, the medical necessity for repeating this study has not been established.