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| <b>Case Number:</b>   | CM14-0035861 |                              |            |
| <b>Date Assigned:</b> | 06/23/2014   | <b>Date of Injury:</b>       | 06/30/2011 |
| <b>Decision Date:</b> | 07/25/2014   | <b>UR Denial Date:</b>       | 03/03/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/24/2014 |

### 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:

The patient is 42 years old with a date of injury of 6/30/2011. The patient has chronic low back pain. The patient had lumbar decompression from L3-5 dates on 11/25/2013. X-rays show no instability at L3-4 or L4-5. The patient has had physical therapy and injections. The exam does not document significant neurologic deficit in BLE. At issue is whether or not lumbar decompression and fusion is needed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**decompression and fusion:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-322.

**Decision rationale:** This patient does not meet established criteria for lumbar decompression and fusion surgery at this time. Specifically, there is no documented neurologic deficit in the lower extremities mentioned in the medical records. The imaging studies do not show any evidence of neural compression that is correlated with a specific neurologic deficit on physical examination. In addition, there is no documented radiographic evidence of instability. There are

also no red flag indicators for spinal surgery to include fracture, tumor, or progressive neurologic deficit. Fusion surgery performed in patients without evidence of instability and with multiple levels of lumbar disc degeneration on imaging studies is not more likely than conservative measures to relieve chronic back pain symptoms. The existing literature does not support the use of fusion surgery for discogenic back pain. Surgery for lumbar decompression and fusion is not medically necessary in this patient.