

<b>Case Number:</b>	CM14-0037427		
<b>Date Assigned:</b>	03/31/2014	<b>Date of Injury:</b>	10/29/2013
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	03/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/28/2014

### 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 patient injured his back when he and his partner were laying down mats in the gym. The 2/7/14 progress report indicates persistent back pain radiating to the hips and difficulty walking, standing and sitting. Physical exam demonstrates positive straight leg raises bilaterally, numbness over the fifth nerve root distribution of the bilateral legs. Motor exam was unremarkable. The 11/19/13 lumbar MRI demonstrates, at L3-4, mild bilateral foraminal narrowing; at L4-5, posterior disk bulging resulting in severe acquired central canal stenosis with AP canal diameter of 4 mm, along with lateral recess narrowing and mass effect on the traversing nerve roots with moderate to severe right and moderate left foraminal narrowing; at L5-S1, posterior disk bulging with lateral recess narrowing and mild to moderate right and moderate left neural foraminal narrowing. Treatment to date has included medication, activity modification, and physical therapy. There is documentation of a previous adverse determination dated 3/3/14 for lack of clear clinical evidence of radiculopathy on examination and lack of evidence of instability, spondylolisthesis, or fracture that would require stabilization by spinal fusion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OUTPATIENT DECOMPRESSION AT L3-S1 AND FUSION AT L4-L5:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307, Chronic Pain Treatment Guidelines.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines states that surgical intervention is recommended for patients who have severe and disabling lower leg symptoms in the distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise; activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms; clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair; and failure of conservative treatment. In addition, the MTUS guidelines states that there is no good evidence from controlled trials that spinal fusion alone is effective for treating any type of acute low back problem, in the absence of spinal fracture, dislocation, or spondylolisthesis if there is instability and motion in the segment operated on. However, there remain to be no circumscribed focal neurologic deficits that would correspond to all decompression levels requested. Only L5 sensory deficits are documented. In addition, neural foraminal compromise is described as mild only at L3-4. In addition, there is no imaging evidence of dynamic instability or degenerative spondylolisthesis to warrant fusion. Flexion-extension views were not obtained. A psychological clearance was likewise not obtained. Therefore, the request for outpatient decompression at L3-S1 and fusion at L4-L5 is not medically necessary and appropriate.