

<b>Case Number:</b>	CM14-0039386		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	05/17/2013
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	03/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2014

### 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 Orthopaedic Surgery, has a subspecialty in Spine 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:

According to the records made available for review, this is a 51-year-old male with a 5/17/13 date of injury. At the time (3/3/14) of request for authorization for L4-5 decompression fusion, there is documentation of subjective (low back pain) and objective (decreased lumbar spine range of motion, tenderness over paraspinal muscles, positive bilateral straight leg raising test, intact sensation, 5/5 motor strength, and symmetric reflexes) findings, imaging findings (MRI of the lumbar spine (1/23/14) report revealed mild L4-5 spinal canal stenosis related to congenitally shortened pedicles, posterior annular fissure, and bilateral synovial cysts at L4-5), current diagnoses (acute low back pain and lumbar spinal stenosis), and treatment to date (medications, physical therapy and epidural steroid injection). Medical reports identify a bilateral L4-5 decompressive laminectomy that has been authorized/certified. There is no documentation of an indication for fusion (instability OR a statement that decompression will create surgically induced instability).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L4-5 decompression fusion:** 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Discectomy/laminectomy and Fusion (spinal)

**Decision rationale:** MTUS reference to ACOEM identifies documentation of 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; Failure of conservative treatment; and an Indication for fusion (instability OR a statement that decompression will create surgically induced instability), as criteria necessary to support the medical necessity of laminotomy/fusion. ODG identifies documentation of Symptoms/Findings which confirm presence of radiculopathy, objective findings that correlate with symptoms and imaging findings in concordance between radicular findings on radiologic evaluation and physical exam findings, as criteria necessary to support the medical necessity of decompression/laminotomy. Within the medical information available for review, there is documentation of diagnoses of acute low back pain and lumbar spinal stenosis. In addition, there is documentation of a bilateral L4-5 decompressive laminectomy that has been authorized/certified. However, there is no documentation of an indication for fusion (instability OR a statement that decompression will create surgically induced instability). Therefore, based on guidelines and a review of the evidence, the request for L4-5 decompression fusion is not medically necessary.