

<b>Case Number:</b>	CM14-0050080		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	07/30/1999
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	04/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2014

### 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 Physical Medicine and Rehabilitation 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 records presented for review indicate that this 68-year-old male was reportedly injured on July 30, 1999. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated April 1, 2014, indicates that there are ongoing complaints of low back pain radiating to the bilateral lower extremities current medications include Cialis, Fluticasone, losartan, and Sottopelle pellets. The physical examination demonstrated normal neurological findings. Diagnostic imaging studies objectified degenerative spondylosis of L4 through S1 and mild spondylolisthesis of L5 - S1 as well as ligamentous hypertrophy. Previous treatment includes physical therapy, chiropractic manipulations, home exercise, heat/ultrasound, massage, and distraction. A request had been made for an L3 - L4 decompression with interbody fusion and pedicle screw stabilization with two - three days of inpatient hospital stay and was not certified in the pre-authorization process on April 9, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L4-5 Decompression with Interbody Fusion and Pedicle Screw Stabilization:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment Workers Compensation Low Back Procedure.

**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, Laminectomy/laminotomy, Updated July 3, 2014.

**Decision rationale:** According to the Official Disability Guidelines a laminectomy/decompression is recommended for individuals with spinal stenosis which exhibit ligamentous hypertrophy, facet hypertrophy, and disc protrusion in addition to anatomical derangements of the spinal column. The report of the MRI the lumbar spine in the attached medical records does show ligament hypertrophy but has no mention of facet hypertrophy and disc protrusion or any anatomical derangements. Also, there is no objective evidence stated of instability which would warrant a fusion procedure. For these multiple reasons this request for L4-5 decompression with interbody fusion and pedicle screw stabilization is not medically necessary.

**2-3 Days of Inpatient Stay:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.