

<b>Case Number:</b>	CM14-0079124		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	07/29/2013
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	05/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2014

### 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 claimant is a 52-year-old gentleman who injured his back in a work related accident on 07/29/13 while performing customary duties as a firefighter. Records provided for review document that conservative treatment has included steroid injections, physical therapy, activity restrictions and medication management. The report of the lumbar MRI dated 10/03/13 showed an L4-5 disc osteophyte complex with abutment of the exiting L5 nerve root. The L5-S1 level had similar changes showing mild, left sided neural foraminal narrowing. The follow up report of 05/12/14 indicated continued complaints of low back and right leg pain and that the claimant had no significant long term benefit from conservative management. Examination was documented to show continued muscular weakness at three out of five globally with asymmetric reflexes. The recommendation at that time was for a two level lumbar decompression at the L4 through S1 level on the right.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Decompression Right L4-S1:** 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): 306.

**Decision rationale:** Based on California MTUS ACOEM Guidelines, "Surgical decompression on the right side L4 through S1 would not be indicated." The claimant's physical examination documented global weakness, but there were no concordant findings that would clinically correlate the claimant's L4-5 and L5-S1 levels to support the need for operative management. There is no indication of neuropathic compressive pathology noted. The claimant's MRI findings appear more left sided in nature. Therefore, based on the ACOEM Guidelines, the right sided L4 through S1 decompression would not be indicated. The request is considered not medically necessary.