

<b>Case Number:</b>	CM14-0199877		
<b>Date Assigned:</b>	12/10/2014	<b>Date of Injury:</b>	06/12/2013
<b>Decision Date:</b>	01/27/2015	<b>UR Denial Date:</b>	10/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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 Spine Surgery and is licensed to practice in Texas. 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 injured worker is a male of unknown age who reported an injury due to pulling/lifting empty pallets on 06/12/2013. On 10/29/2014, his diagnoses included status post posterior lumbar interbody fusion with cage at L5-S1 in 2001, lumbar strain, and degenerative disc L4-5 with protrusion, facet arthropathy and severe stenosis at L4-5 with radiculopathy. His complaints included severe, constant low back pain which radiated to his posterior bilateral legs with intermittent weakness. He was noted to be in no acute distress. His lumbar ranges of motion were "moderately decreased." He was able to arise from seated to standing position without difficulty, stood with level shoulders, and had a normal lumbar lordosis. There was no tenderness noted in the lumbosacral midline, the paralumbar muscles, or the sciatic notches. He underwent a lumbar epidural injection on 01/13/2014 without significant changes. On 12/01/2013 he had a stroke, but was noted to be fully recovered. Based on his persistent symptoms and abnormalities at L4-5 above a previous L5-S1 fusion on 08/06/2014, authorization was requested for the spinal surgery. There was no Request for Authorization included in this injured worker's chart.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient Decompression and Spinal Fusion at L4-L5: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines MTUS Title 8, California Code of Regulations, section 9792.23.5.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307, 310.

**Decision rationale:** The request for outpatient decompression and spinal fusion at L4-L5 is not medically necessary. The California ACOEM Guidelines note that referral for surgical consultation is indicated for patients who have severe and disabling lower leg symptoms in a 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 1 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 treatments to resolve disabling radicular symptoms. All surgical requests must be supported by some type of appropriate diagnostic study which has to be an original report. It cannot be an interpretation from a physician or a summarization within a submitted report. There was no original MRI report submitted with the documentation. This criterion has not been met. Therefore, this request for outpatient decompression and spinal fusion at L4-L5 is not medically necessary.