

<b>Case Number:</b>	CM14-0200867		
<b>Date Assigned:</b>	12/11/2014	<b>Date of Injury:</b>	09/24/2012
<b>Decision Date:</b>	01/31/2015	<b>UR Denial Date:</b>	10/29/2014
<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 Surgery and is licensed to practice in Georgia. 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 is a 51-year-old male who reported an injury on 09/24/2012. The clinical note dated 10/15/2014 revealed the patient complaints of pain in the low back radiating to the bilateral legs, and neck pain. Other therapies included anti inflammatories, physical therapy, and epidural steroid injections. The patient also had a prior lumbar decompression in 1996. Examination of the lumbar spine revealed range of motion values of 90 degrees of flexion and 10 degrees of extension with pain. He was able to heel/toe walk, and there was tenderness noted over the right L5 area into the right upper buttock. The patient's diagnoses were not provided. The provider recommended an L4-5 decompression and fusion. There was no rationale provided. The Request for Authorization Form was dated 11/25/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L4-L5 decompression and fusion:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

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

**Decision rationale:** The request for an L4-L5 decompression and fusion is not medically necessary. The California MTUS/ACOEM Guidelines state that a spinal fusion is not recommended for chronic low back pain. It is recommended for cases of trauma related to spinal fracture or dislocation. Fusion of the spine is also not recommended during the first 3 months of symptoms. Patients with increased spinal inability after surgical decompression at the level of degenerative spondylolisthesis may be candidates for fusion. There is no scientific evidence of long term effectiveness of any form of surgical decompression and fusion for degenerative lumbar spondylolisthesis compared with natural history, placebo, or conservative treatment. The clinical information submitted for review fails to reveal evidence of instability. The physical examination findings noted decreased range of motion and tenderness over the right L5 area into the right upper buttock. More information is needed to address motor strength deficits. There are no official imaging results submitted for review. The patient was noted to have failed initially recommended conservative treatment without evidence of relief of pain. However, surgical intervention is not recommended at this time. As such, medical necessity has not been established. As such, the request for an L4-L5 decompression and fusion is not medically necessary.