

<b>Case Number:</b>	CM14-0204833		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	11/09/2010
<b>Decision Date:</b>	02/04/2015	<b>UR Denial Date:</b>	11/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/08/2014

### 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 Spine Surgery and is licensed to practice in New York. 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 patient has chronic low back pain radiating to both legs. He has had minimal improvement despite medications, physical therapy and epidural steroid injections. He's had this problem for 5 years. He uses a walker to ambulate. On physical examination he has reduced range of motion lumbar spine. Motor examination shows reduced motor strength in the bilateral knees and ankles and feet. Reflexes are 2+ in the bilateral lower extremities. Straight leg raising is normal. MRI of the lumbar spine shows moderate degree central stenosis L1 to, moderate degree central stenosis L2-3, moderate degree central stenosis L3-4, severe stenosis L4-5. At issue is whether lumbar decompressive surgery is medically necessary. At issue is whether lumbar fusion is medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L1-L5 Decompression per 10/31/2014 exam note quantity 1.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back (updated 10/28/14), Discectomy/laminectomy

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

**Decision rationale:** Criteria for lumbar decompressive surgery not met. Specifically the medical records do not document a recent trial and failure conservative measures to include physical therapy. Also, there is no clear correlation between physical exam showing specific radiculopathy and imaging studies showing specific compression of nerve roots. There were no red flag indicators for spinal decompressive surgery such as fracture tumor or progressive neurologic deficit. Criteria for L4-5 decompressive surgery not met; therefore, the request is not medically necessary.

**Possible Fusion per 10/31/2014 exam note quantity 1.00:** 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): 305-322.

**Decision rationale:** This patient does not meet criteria for lumbar fusion surgery. Specifically, the medical records do not document any evidence of lumbar instability. There is no documentation of fracture, tumor, or progressive neurologic deficit. Criteria for lumbar fusion not met. Lumbar fusion is not medically necessary.