

<b>Case Number:</b>	CM14-0211181		
<b>Date Assigned:</b>	12/24/2014	<b>Date of Injury:</b>	10/11/2008
<b>Decision Date:</b>	02/13/2015	<b>UR Denial Date:</b>	11/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2014

### 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 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 is a 55-year-old male with a date of injury of October 11, 2008. The patient has chronic low back pain. The patient has had physical therapy and medications. MRI the lumbar spine from 2008 shows disc degeneration at L1-2 and L2-3 and L3-4. Does neuroforaminal narrowing at L4-5. Repeat MRI of the lumbar spine from April 2009 shows L4-5 and L5-S1 disc protrusions. X-rays lumbar spine show no evidence of instability. The patient continues to have pain. The patient has been wearing a brace for pain control. On physical examination patient is reduced range of motion lumbar spine and tenderness to the lumbar spine. Neurologic examination is normal. At issue is whether lumbar surgeries medically needed. The patient also has a history of neck pain. Cervical spine x-ray show degeneration at multiple levels including C3-4 and C4-5. The patient had MRI the cervical spine in 2009 shows disc protrusions at C3-4 and C4-5. The patient had previous interbody fusion at C5-C7. The patient continues to have neck pain. At issue is whether additional cervical MRI is medically needed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Second stage: decompression instrumentation and fusion L4 to sacram.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 12th Edition (web), 2014, Low back Chapter; Fusion (spinal)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-322.

**Decision rationale:** This injured worker does not meet MTUS criteria for multilevel decompression fusion. Specifically, there is no clear correlation between imaging studies and physical examination showing compression of nerve roots and radiculopathy on physical exam. There is no documented evidence of instability fracture or tumor. There no red flag indicators for spinal fusion surgery such as fracture or tumor. Multilevel spinal decompression fusion not medically necessary.

**Associated surgical service: MRI of cervical spine.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 12th Edition (web) 2014, Neck and Upper Back Chapter, Magnetic Resonance Imaging (MRI)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175-180.

**Decision rationale:** This injured worker does not meet criteria for repeat cervical MRI. Specifically the injured worker had a previous cervical MRI in 2009. The medical records do not document any significant change in the injured worker's medical symptoms that would require repeat cervical MRI. There is no documentation of myelopathy or significant neurologic deficit. There are no red flag indicators for repeat MRI such as fracture 2 more or progressive neurologic deficits. The request for a repeat MRI to the cervical spine is not medically necessary.