

<b>Case Number:</b>	CM14-0034056		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	06/26/2013
<b>Decision Date:</b>	01/16/2015	<b>UR Denial Date:</b>	02/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/28/2014

### 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 Spinal 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 36 year old male with chronic low back pain. MRI lumbar spine shows L2-3 disc degeneration. There is L3-4 disc protrusion. At L4-5 there is moderate spinal stenosis. The patient complains of back pain radiating to the legs. Previous treatment has included physical therapy medications and epidural steroid injection. Physical exam shows reduced range of back motion, and positive straight leg raise. Deep tendon reflexes are diminished at the knees and ankles. There is decreased sensation at L3 dermatome. Diagnoses include spinal stenosis. At issue is whether lumbar decompression at L2-3 and L4-5 is medically needed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Posterior lumbar laminectomy, discectomy at L2-5:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

**Decision rationale:** This patient does not meet establish criteria for two-level lumbar decompressive surgery. Specifically there is no clear correlation between the physical exam showing specific radiculopathy and imaging studies showing specific nerve root compression. In

addition, there are no red flag indicators for spinal decompressive surgery such as fracture tumor or progressive neurologic deficit. Guidelines for lumbar decompressive surgery are not met. Lumbar decompressive surgery is not medically necessary. There is no clear correlation between exam and imaging studies.