

<b>Case Number:</b>	CM15-0192529		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	01/13/2014
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	09/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Illinois, California, Texas  
 Certification(s)/Specialty: Orthopedic Surgery

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 51-year-old male who sustained an industrial injury on 1/13/14. Injury occurred while he was operating a jackhammer to break up concrete with an onset of sharp low back pain. Records documented that 4/23/14 lumbar spine x-rays documented bilateral L5 spondylosis with mild listhesis and retrolisthesis at L4/5. Records indicated that the 5/30/14 lumbar spine MRI demonstrated mild multilevel spondylosis, especially at L3/4, but without nerve root impingement. The 6/17/15 chiropractic treating physician report cited on-going low back pain. Physical exam documented normal gait and station and normal posture. There was moderate thoracolumbar and lumbosacral tenderness to palpation, with muscle guarding and/or active trigger points in the surrounding musculature. There were improved nerve tension signs and positive Kemp's test. Lumbar range of motion was moderately limited range of motion with sharp pinching pain and muscle strength near end-range. Overall, the injured worker was reported as slowly improving relative to range of motion, strength (functional), and pain. Continued chiropractic/physiotherapy care was recommended. The 9/5/15 chiropractic primary treating physician cited persistent grade 4-6/10 low back pain. Physical exam documented moderate thoracolumbar and lumbosacral tenderness with muscle guarding and/or active trigger points in the surrounding musculature. Straight leg raise testing was positive, axial compression and quadrant tests were painful, and Kemp's test was positive. Range of motion was moderately limited and painful at end range. The injured worker had reached maximum medical improvement with regard to chiropractic/physiotherapy care and was in need of surgery. Authorization was requested for lumbar spine corrective surgery. The 9/24/15 utilization review non-certified the request for lumbar spine corrective surgery as the request did not contain specifics relative to the requested procedure to allow for determination of medical necessity.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar spine corrective surgery, QTY: 1.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3864481>, Rationale of Revision Lumbar Spine Surgery.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations.

**Decision rationale:** The California MTUS recommend surgical consideration when there is severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise. Guidelines require clear clinical, imaging and electrophysiologic evidence of a lesion that has been shown to benefit both in the short term and long term from surgical repair. The guidelines recommend that clinicians consider referral for psychological screening to improve surgical outcomes. Guideline criteria have not been met. This injured worker presents with low back pain. There is no documentation of lower leg symptoms or clinical exam findings suggestive of focal neurologic dysfunction. There is no current imaging or electrodiagnostic evidence presented that evidence nerve root compromise or a surgical lesion. There is no radiographic evidence of spinal segmental instability on flexion and extension x-rays. The injured worker has reportedly achieved maximum medical improvement relative to chiropractic/physiotherapy treatment but no other non-operative conservative treatment is documented as having been tried and failed. There is no specific surgical procedure outline for consideration. Therefore, this request is not medically necessary.