

<b>Case Number:</b>	CM14-0110906		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	05/20/2011
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	06/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2014

### 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 Neurological Surgery and is licensed to practice in California. 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 records presented for review indicate that this 49 year old gentleman was reportedly injured on May 20, 2011. The mechanism of injury is noted as a fall. Previous treatment includes physical therapy and injections. The most recent progress note, dated May 22nd 2014, indicates that there are ongoing complaints of low back pain radiating to the lower extremities, mostly at the lateral aspect of the left foot. The physical examination demonstrated normal lower extremity muscle strength and slight discomfort with a straight leg raise test at the left lower extremity. Diagnostic imaging studies of the lumbar spine revealed severe disc degeneration and a spondylosis at L5 to S1. A request was made for an L5 to S1 laminectomy and fusion and a lumbar brace and was not certified in the preauthorization process on June 17, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L5-S1 Laminectomy/Fusion:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines: Preoperative clinical surgical indications

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**Decision rationale:** The ACOEM Practice Guidelines support a lumbar laminectomy/discectomy for the treatment of subacute and chronic radiculopathy due to ongoing nerve root compression who continue to have significant pain and functional limitation after six weeks of conservative treatment. The most recent progress note dated May 22nd 2014 does not indicate the presence of a radiculopathy on physical examination. As such, this request for an L5 to S1 laminectomy and fusion is not medically necessary.

**LO Brace:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Postoperative back braces

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar and Thoracic, Lumbar Support, Updated August 22, 2014.

**Decision rationale:** According to the Official Disability Guidelines (ODG), use of a lumbar support is not recommended for prevention and only for treatment of compression fractures, spondylolisthesis, and documented instability. As the injured employee does not have any of these conditions, this request for a lumbar support is not medically necessary.