

<b>Case Number:</b>	CM14-0141699		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	07/24/2003
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	08/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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 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:

54-year-old male claimant with an industrial injury dated 07/24/03. MRI of the lumbar spine dated 08/01/13 reveals degenerative disc disease, facet arthropathy, and ligamentum flavum redundancy contributing to moderate right and mild to moderate left L3-4 neural foraminal narrowing causing deformity of the exiting nerve roots. Also there was bilateral L2-3 through L4-5 and left L5-S1 lateral recess narrowing causing effacement of the L3-5 and S1 nerve roots. Exam note 02/19/14 states the patient returns with low back pain radiating numbness and tingling down both legs. Upon physical exam the patient demonstrated decreased range of motion with pain, and there was tenderness evident along with decreased sensation. The patient is status post an epidural steroid injection as of 07/08/14 in which did provide some pain relief. Other conservative treatments have included an at home exercise program and medication. Exam note 08/06/14 states the patient returns with low back pain radiating to the lower extremities. The patient has improved with the ESI but symptoms are returning. Upon physical exam the patient demonstrated a decreased range of motion, decreased strength, and decreased sensation in the L5 distribution. He had tenderness of the paraspinal musculature, and spasms, with a positive straight leg raise. Treatment includes decompression and instrumentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**INTERSPINOUS DECOMPRESSION PROCEDURE WITH BILATERAL FORAMINOTOMIES L4-5 UNDER FLUOROSCOPY / INSTRUMENTATION WITH DYNAMIC DEVICE:** 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)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Fusion

**Decision rationale:** The ACOEM Guidelines Chapter 12 Low Back Complaints page 307 state that lumbar fusion, "Except for cases of trauma-related spinal fracture or dislocation, fusion of the spine is not usually considered during the first three months of symptoms. Patients with increased spinal instability (not work-related) after surgical decompression at the level of degenerative spondylolisthesis may be candidates for fusion. "According to the ODG, Low back, Fusion (spinal) should be considered for 6 months of symptom. Indications for fusion include neural arch defect, segmental instability with movement of more than 4.5 mm, revision surgery where functional gains are anticipated, infection, tumor, deformity and after a third disc herniation. In addition, ODG states, there is a lack of support for fusion for mechanical low back pain for subjects with failure to participate effectively in active rehab pre-op, total disability over 6 months, active psych diagnosis, and narcotic dependence. In this particular patient there is lack of medical necessity for lumbar fusion as there is no evidence of segmental instability greater than 4.5 mm or psychiatric clearance to warrant fusion in the exam note from 8/6/14. Therefore the request is not medically necessary for lumbar fusion.