

<b>Case Number:</b>	CM14-0146008		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	08/01/2000
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	08/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2014

### 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 Mississippi. 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 injured worker is a 73-year-old gentleman who was injured on August 1, 2000 while working as a fabricator/welder. The mechanism of injury was noted as started having back problems in 2000, which has gotten gradually worse over the last two years. He has been suffering from back symptoms longstanding in nature for years. The diagnosis was listed as a backache unspecified (724.5). The most recent progress note, dated 8/4/14, revealed complaints of ongoing low back pain radiating to the right lower extremity with weakness. The physical examination revealed the patient ambulated without assistance. Motor strength was 3/5 with weakness for right knee extension, 4/5 weakness for bilateral dorsiflexion, 4/5 weakness for right plantar flexion, 5/5 strength for left knee extension and left plantar plantar flexion and 5/5 strength for iliopsoas, quadriceps and hamstrings. No atrophy was noted and the sensory examination was significant for numbness and tingling radiating down into both legs more so on the right than on the left. There were normal deep tendon reflexes with a negative straight leg raise. Diagnostic imaging studies were not available for review (date unavailable); however, it was documented that the interpretation was significant degenerative scoliosis in the lower lumbar area, spondylolisthesis of L4 on L5 and L5 on S1. Previous treatment included pharmacological therapy including Vicodin and zolpidem and chiropractic therapy without significant benefit. A prior utilization review determination, dated 8/8/2014, resulted in denial of one surgical consult for consideration of simple decompression.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One surgical consult for consideration of simple decompression:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Indications for surgery

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306.

**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 and who continue to have significant pain and functional limitation after 6 weeks of conservative treatment. The most recent progress note, dated August 4, 2014, documented nonspecific lower extremity neurological examination and MRI studies of the lumbar spine do not reveal potential nerve root compression. Additionally, it is unclear if the injured employee has tried and failed to improve with all reasonable conservative therapies. For these reasons, this request for a surgical consultation for a decompression is not medically necessary.