

<b>Case Number:</b>	CM14-0161815		
<b>Date Assigned:</b>	10/07/2014	<b>Date of Injury:</b>	06/26/2012
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	09/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2014

### 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 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 37-year-old male with a date of injury June 26, 2012. He has chronic low back pain. The patient also has pain radiating down the right by Dr. and right leg. On physical examination the patient has tenderness to low back palpation. There is atrophy of the right gluteus muscle. There is decreased range of motion of the back. Patient had electrodiagnostic studies and 2012 that were reportedly normal. MRI in 2013 showed some epidural lipomatosis with degenerative disc condition. There is also L5-S1 facet hypertrophy with foraminal narrowing. Conservative care including medications and epidural steroid injections with temper relief. At issue is whether lumbar decompressive surgery is medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **L5-S1 Decompression additional L4-5: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Indications for surgery A-Discectomy/laminectomy

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS low back chapter, pages 305- 322

**Decision rationale:** This patient does not meet establish criteria for lumbar decompressive surgery. Specifically there is no clear documentation of significant neurologic deficit or significant radiculopathy. There is no clear documentation of correlation between MRI imaging study showing specific compression of nerve roots an MRI imaging study showing radiculopathy and nerve root compression. There were no red flag indicators for spinal fusion surgery such as fracture tumor or progressive neurologic deficit. Lumbar decompressive surgery is not medically necessary.

**1 Day inpatient length of stay:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, hospital length of stay (LOS)

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.