

<b>Case Number:</b>	CM14-0096673		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	06/10/2010
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	05/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2014

### 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 Orthopaedic Surgery (Spine Fellowship) 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:

According to the records made available for review, this is a 66-year-old male with a 6/10/10 date of injury. At the time (5/14/14) of the Decision for Lumbar coflex at L3-L4 and L4-L5, there is documentation of subjective (lower back pain with numbness radiating to right leg) and objective (tenderness over the thoracolumbar paraspinal muscles and decreased range of motion) findings, current diagnoses (lumbar/lumbosacral disc degeneration), and treatment to date (medications, physical therapy, acupuncture, and epidural steroid injection). There is no documentation of objective findings that correlate with symptoms; imaging findings in concordance with radicular findings; and an indication for fusion (instability or a statement that decompression will create surgically induced instability).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar coflex at L3-L4 and L4-L5:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Discectomy/laminectomy and Fusion (spinal)

**Decision rationale:** MTUS reference to ACOEM identifies documentation of severe and disabling lower leg symptoms in the distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise; Activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms; Failure of conservative treatment; and an Indication for fusion (instability OR a statement that decompression will create surgically induced instability), as criteria necessary to support the medical necessity of laminotomy/fusion. ODG identifies documentation of Symptoms/Findings which confirm presence of radiculopathy, objective findings that correlate with symptoms and imaging findings in concordance between radicular findings on radiologic evaluation and physical exam findings, as criteria necessary to support the medical necessity of decompression/laminotomy. In addition, ODG identifies documentation of spinal instability (lumbar inter-segmental movement of more than 4.5 mm) as criteria necessary to support the medical necessity of fusion. Within the medical information available for review, there is documentation of a diagnosis of lumbar/lumbosacral disc degeneration. In addition, there is documentation of failure of conservative treatment (medications, physical therapy, acupuncture, and epidural steroid injection). Furthermore, given documentation of subjective (lower back pain with numbness radiating to right leg) findings, there is documentation of symptoms which confirm presence of radiculopathy. However, despite documentation of objective (tenderness over the thoracolumbar paraspinal muscles and decreased range of motion) findings, there is no documentation of objective findings that correlate with symptoms. In addition, there is no documentation of imaging findings in concordance with radicular findings. Furthermore, there is no documentation of an indication for fusion (instability or a statement that decompression will create surgically induced instability). Therefore, based on guidelines and a review of the evidence, the request for Lumbar coflex at L3-L4 and L4-L5 is not medically necessary.