

<b>Case Number:</b>	CM14-0140198		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	08/21/1984
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	08/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2014

### 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 Physical Medicine and Rehabilitation 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 59 year-old male was reportedly injured on 8/21/1984. The most recent progress note, dated 7/29/2014, indicates that there are ongoing complaints of chronic low back pain that radiates in the left lower extremity. The physical examination demonstrated lumbar spine: range of motion forward flexion 30, extension 18, sideband left and right 12, thoracic forward flexion 60, extension zero, rotation right and left 20. Motor and sensory exam are intact and unremarkable. Noted, compensated right side gate without assistive device and Lumbar spine moderate pain with motion. Diagnostic imaging studies includes an MRI the lumbar spine dated 7/24/2014 which reveals dextroscoliosis with prominent left L2-L3 discogenic and facet degenerative changes. Severe left L2-L3 neuroforaminal narrowing and a moderately severe right L5-S1 neuroforaminal narrowing and mild right L3-L4 neuroforaminal narrowing. In more findings compatible with an annular tear of the L5-S1 disc. Previous treatment includes medications, and conservative treatment. A request had been made for Deformity correction & indirect decompression of L2-L3 with xlifusion/cage, possible xlplate, possible laminectomy decompression of L5-S1 foraminal stenosis (to be performed at [REDACTED]) and a 3-5 day inpatient hospital stay, was not certified in the pre-authorization process on 8/19/2014

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Deformity correction & indirect decompression of l2-l3 with xlifusion/cage, possible xlplate, and possible laminectomy decompression of L5-S1 foraminal stenosis: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** ACOEM practice guidelines do not support a spinal fusion in the absence of fracture, dislocation, spondylolisthesis, instability or evidence of tumor/infection. Review of the available medical records document a diagnosis of chronic lumbar pain with right lower extremity radiculopathy, but fail to demonstrate any of the criteria for a lumbar fusion. Furthermore, there are no flexion/extension plain radiographs of the lumbar spine demonstrating instability, and no documentation of lumbar epidural steroid injections. Given the lack of documentation, this request is not considered medically necessary.

**2-5 DAY IN-PATIENT HOSPITAL STAY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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.