

<b>Case Number:</b>	CM13-0002454		
<b>Date Assigned:</b>	05/02/2014	<b>Date of Injury:</b>	10/21/2009
<b>Decision Date:</b>	06/10/2014	<b>UR Denial Date:</b>	07/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2013

### 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:

The claimant is a 66-year-old gentleman who was injured 10/21/09 injuring his low back. Clinical records for review include a PR2 report of 03/11/14 indicating ongoing complaints of low back pain stating no significant change in symptoms. He is complaining of chronic pain with difficulty sleeping. Objectively, lumbar spine was with restricted range of motion with positive tenderness. There were equal and symmetrical deep tendon reflexes, positive straight leg raising with no motor or sensory changes documented. The claimant's working diagnosis was that of low back pain with degenerative disc disease with disc protrusions at L3-4 and L4-5. Recommendations were for continuation of medications. There was a previous request in this case for surgical intervention in the form of a two level L3-4 and L4-5 interbody fusion with instrumentation. Previous imaging for review includes a 07/05/12 MRI of the lumbar spine showing preserved disc height with disc protrusions at both L3-4 and L4-5. There was facet joint hypertrophy and mild to moderate canal stenosis. Plain film radiographs were not reviewed. A previous electrodiagnostic report of 08/17/10 revealed no evidence of radiculopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BILATERAL LAMINECTOMY AND PARTIAL FACETECTOMY/FORAMINOTOMY AT L3-4 AND L4-5 LEVELS, COMBINED WITH AN EXTREME LATERAL INTERBODY FUSION AT L3-4 AND L4-5 FOR SPINAL CANAL AND NERVE ROOT DECOMPRESSION WITH POSTERIOR INSTRUMENTATION: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

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

**Decision rationale:** California MTUS/ACOEM Guidelines would not support the role of a two level L3-4 and L4-5 fusion. While the claimant presents with chronic complaints of pain, there is currently no indication of formal physical examination findings supportive of a radicular process at the L3-4 or L4-5 level. There is also no indication of segmental instability at the L3-4 or L4-5 level on imaging. When taking into account the claimant's negative electrodiagnostic testing, the role of surgical process at the two lumbar levels would not be supported. The request for bilateral laminectomy and partial facetectomy/foraminotomy at L3-4 and L4-5 levels, combined with an extreme lateral interbody fusion at L3-4 and L4-5 for spinal canal and nerve root decompression with posterior instrumentation, is not medically necessary and appropriate.

**STABILIZATION WITH PRE-OP CLEARANCE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS/ACOEM Guidelines, Chapter 7, page 127.

**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.

**ASSISTANT SURGEON:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Association of Orthopedic Surgeons Position Statement Reimbursement of The First Assistant at Surgery in Orthopedics.

**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.

**3-4 DAYS INPATIENT HOSPITAL 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.

**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.

**POST-OP DME BACK BRACE:** Upheld

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

**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.

**POST-OP DME WALKER:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**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.

**POST-OP DME EXTERNAL BONE GROWTH STIMULATOR:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**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.

**POST-OP PHYSICAL THERAPY 3 X 6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**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.