

<b>Case Number:</b>	CM13-0015126		
<b>Date Assigned:</b>	03/26/2014	<b>Date of Injury:</b>	01/18/2008
<b>Decision Date:</b>	05/20/2014	<b>UR Denial Date:</b>	08/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2013

### 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 61-year-old female who sustained an injury to the low back on January 18, 2008. Records provided for review document conservative treatment has included multiple epidural steroid injections, significant courses of physical therapy, medication management and activity restrictions. Formal documentation of imaging is not provided; the treating physician references a July 2010 MRI report showing a 5 millimeter disc bulge at L5-S1, resulting in central stenosis. Underlying facet joint hypertrophy is also noted. A clinical assessment dated September 11, 2013, reports continued low back complaints and documents physical examination findings of restricted range of motion, negative straight leg raising and no motor, sensory or reflexive deficit. This request is for a two-level fusion at L4-5 and L5-S1, a two- to three-day inpatient hospital stay, a sleep brace and eight to 18 sessions of post-operative physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **LUMBAR FUSION (ANTERIOR LUMBAR INTERBODY FUSION AT L5-S1 AND L4-L5): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CA MTUS ACOEM, SURGICAL CONSIDERATIONS,

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004), CHAPTER 12, 307

**Decision rationale:** According to the MTUS/ACOEM Guidelines fusion is recommended treatment for spinal fracture, dislocation or evidence of segmental instability. The clinical records in this case fail to identify any degree of neurologic process that would indicate a radicular process. Furthermore, there is no documentation of segmental instability at the L4-5 or L5-S1 level to support the need of fusion procedure. The request for a lumbar fusion at the L5-S1 and L4-L5 is not medically necessary and appropriate.

**2 to 3 DAY INPATIENT 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 base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) TREATMENT IN WORKER'S COMP, 18TH EDITION, 2013 UPDATES: LOW BACK PROCEDURE - FUSION (SPINAL) SEE HOSPITAL LENGTH OF STAY (LOS).

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

**PRE-OP MEDICAL CLEARANCE:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004), CHAPTER 7 INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS, 127

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

**SLEEP BRACE FOR NIGHTS:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF

OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004),  
CHAPTER 1/CHAPTER 12, 9/298, 301

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

**POST-OP PHYSICAL THERAPY 2 TO 3 TIMES PER WEEK FOR 4 TO 6 WEEKS FOR THE LUMBAR SPINE:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

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