

<b>Case Number:</b>	CM13-0017476		
<b>Date Assigned:</b>	09/27/2013	<b>Date of Injury:</b>	09/14/2012
<b>Decision Date:</b>	02/18/2014	<b>UR Denial Date:</b>	07/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 53-year-old male who reported an injury on 09/14/2012. The patient is currently diagnosed with lumbar radiculopathy, chronic pain syndrome, chronic pain related insomnia, myofascial pain syndrome, neuropathic pain, chronic pain related depression, and prescription narcotic dependence. The patient was seen by [REDACTED] on 07/11/2013. The patient reported progressive symptoms of weakness and numbness in bilateral lower extremities. Physical examination revealed significant weakness in dorsiflexion and plantar flexion bilaterally, 5/5 motor strength in knee extension, iliopsoas, quadriceps, and hamstrings, significant numbness and tingling in the L5-S1 distribution in bilateral lower extremities, and negative swelling. Treatment recommendations included an L4-5 instrumented fusion and decompression.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L4-5 Instrumentation Fusion and Decompression, Assistant Surgeon, and Inpatient 2 day stay:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301, 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter; also consulted was the American Medical Association Guidelines, pgs 382-383.

**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 Chapter

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state surgical consultation is indicated for patients who have severe and disabling lower extremity symptoms, activity limitations due to radiating leg pain for more than 1 month, extreme progression of lower extremity symptoms, clear clinical, imaging, and electrophysiological evidence of a lesion that has been shown to benefit from surgical repair, and failure of conservative treatment to resolve disabling radicular symptoms. Patients with increased spinal instability after surgical decompression at the level of degenerative spondylolisthesis may be candidates for a fusion. As per the clinical notes submitted, there is no documentation of instability on flexion and extension view radiographs. There is also no evidence of a recent failure to respond to conservative treatment, including physical therapy. Additionally, documentation provided for review indicates the patient was issued certification for a previously requested decompression at L4-5 with bilateral facetectomy and discectomy on 03/21/2013. The medical necessity for the requested surgical intervention has not been established. As such, the request is non-certified.

**Post-op Lumbar Back Brace:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Back brace, post-operative (fusion).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Back brace, post-operative (fusion).

**Decision rationale:** Official Disability Guidelines state a postoperative back brace following a fusion is currently under study, and given the lack of evidence supporting the use of devices, a standard brace would be preferred over a custom postoperative brace. As the patient's surgical procedure has not been authorized, the current request is not medically necessary. Therefore, the request is non-certified.

**Post-op Island Bandages 4x4 1 box:** 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) Knee & Leg Chapter, Durable Medical Equipment.

**Decision rationale:** Official Disability Guidelines state durable medical equipment is recommended generally if there is a medical need and if the device or system meets Medicare's

definition of durable medical equipment. As the patient's surgical procedure has not been authorized, the current request is not medically necessary. Therefore, the request is non-certified.

**Post-op Physical Therapy 3 times a week for 6 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

**Decision rationale:** California MTUS Guidelines state initial course of therapy means 1 half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations. Postsurgical treatment following a fusion includes 34 visits over 16 weeks. As the patient's surgical procedure has not been authorized, the current request is not medically necessary. Therefore, the request is non-certified.