

<b>Case Number:</b>	CM13-0018020		
<b>Date Assigned:</b>	11/06/2013	<b>Date of Injury:</b>	11/16/2012
<b>Decision Date:</b>	02/26/2014	<b>UR Denial Date:</b>	08/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/29/2013

### 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, has a subspecialty in 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.

### 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 33-year-old gentleman who sustained an injury to his lumbar spine in a work related accident on November 16, 2012. The clinical records available for review included a MRI of the lumbar spine from February 4, 2013 that showed specific findings at the L5-S1 level of disc desiccation with a central disc protrusion resulting in narrowing of the lateral recess bilaterally. Recent clinical progress assessment of October 30, 2013 with [REDACTED] showed continued complaints of low back pain with associated leg pain. The physical exam was noted to be "unchanged". The claimant was diagnosed with degenerative disc disease, low back pain and disc protrusion. Based on failed conservative care and management, operative intervention in the form of an L5-S1 lumbar decompression, fusion with instrumentation was recommended. Prior assessment on September 16, 2013 demonstrated physical examination findings of a diminished left knee reflex with diminished sensation in an L5-S1 dermatomal distribution and 4/5 strength with ankle dorsiflexion, tibialis anterior testing, right great toe extension and extensor hallices longus testing on the left and plantar flexion, gastrocnemius and ankle eversion weakness at 4/5 on the right. Further clinical imaging was not documented.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pre-Operative 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 Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

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

**Assistant surgeon is not medically necessary and appropriate:** 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 Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

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

**Post-op physical therapy times 12:** 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 Since the primary procedure is not medically necessary, none of the associated services are medically necessary

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

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

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

**Cold therapy unit:** 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 Since the primary procedure is not medically necessary, none of the associated services are medically necessary

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

**Bone growth stimulator:** 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 Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

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

**In-patient hospital stay 1-3 days:** 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 Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

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

**Intra-operative monitoring:** 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 Since the primary procedure is not medically necessary, none of the associated services are medically necessary

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