

<b>Case Number:</b>	CM13-0022035		
<b>Date Assigned:</b>	10/16/2013	<b>Date of Injury:</b>	02/19/2010
<b>Decision Date:</b>	05/21/2014	<b>UR Denial Date:</b>	08/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2013

### 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 69-year-old gentleman who was injured on February 19, 2010, sustaining injury to the low back. Recent clinical assessment for review includes a July 18, 2013 progress report indicating low back pain with progressive leg pain. Physical examination on that date demonstrated weakness to dorsi and plantar flexion bilaterally as well as iliopsoas testing bilaterally. There was noted to be diminished sensation to the anterior thigh, posterior thigh and shins. Reviewed was previous imaging from April 30, 2013, an MRI report, which showed multilevel degenerative and stenotic processes with disc bulging from T12-L1 through L5-S1 with multilevel bilateral neural foraminal narrowing and stenosis. The claimant was noted to have failed significant course of conservative measures. Given clinical findings and continued symptoms, a multilevel T12 through L5 interbody fusion was recommended for further definitive management in regards to the claimant's low back related complaints.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**T12-L5 PSF/PSI, L2-L5 TLIF, L1-L2 OSTEOTOMY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306.

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

**Decision rationale:** The Expert Reviewer's decision rationale: California ACOEM Guidelines would not support the role of the multilevel five level surgery in question. While the claimant is noted to be with multilevel stenotic and degenerative findings, there is a lack of clinical correlation between specific surgical process and the claimant's examination findings. While multilevel stenosis and degenerative changes are also noted, there is no current indication of segmental instability that would necessitate the role of the multilevel procedure in question as well. Clinical records would fail to demonstrate the need for this aggressive surgical process. The request for T12-L5 PSF/PSI, L2-L5 TLIF, L1-L2 Osteotomy is not medically necessary.

**TLSO LUMBAR BRACE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): 9, 298, 301.

**Decision rationale:** The Expert Reviewer's decision rationale: CA MTUS Guidelines would not support the need for bracing as the need for operative intervention has not been established. The request for TLSO Lumbar brace is not medically necessary.

**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 (ODG)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) -- OFFICIAL DISABILITY GUIDELINES TREATMENT IN WORKER'S COMP , 18TH EDITION, 2013 UPDATES: LOW BACK PROCEDURE -BONE GROWTH STIMULATORS (BGS)

**Decision rationale:** CA MTUS Guidelines are silent. When looking at Official Disability Guideline criteria, a bone growth stimulator also would not be indicated as the need for operative intervention has not been established. The request for external bone growth stimulator is not medically necessary.

**1 BOX ISLAND BANDAGE (4X14):** 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 Page(s): 298-299.

**Decision rationale:** California MTUS Guidelines would not support the role of bandages in this case as the need for operative intervention has not been established. The request for one (1) box island bandage (4x14) is not medically necessary.

**PHYSICAL THERAPY 3 X WEEK X 6 WEEKS:** Upheld

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

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

**Decision rationale:** California MTUS Postsurgical Rehabilitative Guidelines also would not support the role of postoperative physical therapy as the need for operative intervention has not been established. The request for physical therapy 3 times a week for 6 weeks is not medically necessary.