

<b>Case Number:</b>	CM13-0022677		
<b>Date Assigned:</b>	11/13/2013	<b>Date of Injury:</b>	02/14/2012
<b>Decision Date:</b>	01/16/2014	<b>UR Denial Date:</b>	08/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2013

### 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 New York. 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 46-year-old male with the date of injury of February 14, 2012. At issue is whether or L3-L5 posterior lumbar interbody fusion with instrumentation, neural decompression, and iliac crest marrow aspiration and bone graft harvesting along with a 3 day hospital stay, and assistant surgeon, medical clearance with an internist, a wheelchair, and ice unit, a commode, and a bone stimulator along with a TLSO brace is medically necessary. The patient is being treated for chronic low back pain. Objective findings on physical exam include tenderness to palpation of the lumbar segments along with painful range of motion. There is a positive seated nerve root passed along with anesthesia in the L5 dermatome. The patient reports giving way of his legs and draping of his feet when he walks. A lumbar spine MRI in July 2012 demonstrated multiple levels loss of the intravertebral disc height and disc desiccation changes at the L2-L5 levels. The MRI noted straightening of normal lumbar lordosis with mild and moderate bilateral spinal and neural foraminal stenosis. EMG and nerve conduction studies of the bilateral lower extremities were performed in July 2012 and revealed no evidence of lumbar radiculopathy bilaterally. There was evidence of axonal polyneuropathy. Radiographs demonstrated no evidence of instability. The patient was diagnosed with lumbar degenerative disc condition. Previous treatments including activity modification, physical therapy, medications, and one epidural block have failed to note improvement in pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L3 to L5 Posterior Lumbar Interbody Fusion: Upheld**

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

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

**Decision rationale:** The medical records in this case do not demonstrate any evidence of spinal instability, fracture, or concern for tumor. There are no red flag indicators for proceeding with surgery. In addition, the MRI does not demonstrate any evidence of severe spinal stenosis. The patient's physical exam does not demonstrate significant neurologic deficit. EMG nerve conduction studies suggest that there is evidence of polyneuropathy. Additionally the EMG nerve conduction studies do not demonstrate any abnormality in the region of the lumbar spine. Review of the medical records does not demonstrate any evidence of spinal claudication symptoms. The physical examination does not clearly document any specific neurologic deficit that can be correlated to an imaging study showing compression of a nerve root in the lumbar spine. The request for L3 to L5 Posterior Lumbar Interbody Fusion is not medically necessary and appropriate.

**3 day inpatient stay:** Upheld

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

**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 cite any medical evidence for its decision.

**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.

**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 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.

**Front wheel walker:** Upheld

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

**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.

**Ice unit:** Upheld

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

**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.

**3-1 Commode:** Upheld

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

**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.

**Bone Stimulator:** Upheld

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

**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.

**TSLO:** Upheld

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

**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.