

<b>Case Number:</b>	CM13-0025188		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	09/22/2010
<b>Decision Date:</b>	02/07/2014	<b>UR Denial Date:</b>	09/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2013

### 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 claimant is a 55-year-old female injured in a work related accident on 09/22/10 sustaining an injury to the lumbar spine. Current clinical records available for review include 08/29/13 assessment with [REDACTED] indicating ongoing complaints of low back pain and leg pain with objective findings showing restricted lumbar range of motion, positive heel and toe walking and positive straight leg raising on the left. He states that reviewed were electrodiagnostic studies that showed a left L5 radiculopathy. Based on failed conservative care, he recommended an anterior lumbar decompression and fusion at the L4-5 level. Reviewed in this case is prior radiographs from March 28, 2013 that showed the L4-5 level to be with loss of disc height with no abnormal motion seen on flexion and extension views. Also reviewed was a 03/28/13 MRI scan of the lumbar spine showing the L4-5 level to be with asymmetric disc bulging with moderate to severe foraminal stenosis. As stated, surgical process was recommended in the form of fusion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L4-5 anterior lumbar decompression and fusion surgery: Upheld**

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

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

**Decision rationale:** Based on California MTUS Guidelines, fusion would not be supported. Guidelines only indicate the role of fusion process in the setting of spinal related fracture/dislocations, spondylolisthesis with segmental instability or motion at the operated segment. Records in this case, while demonstrating a degenerative process at L4-5, also clearly demonstrates on flexion and extension views on radiographs no instability. The absence of the above would fail to necessitate the acute need of the surgical process as stated.

**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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004)-- CA MTUS ACOEM OMPG (Second Edition, 2004), Chapter 7 Independent Medical Examinations and Consultations, page 127

**Decision rationale:** Based on California ACOEM Guidelines, preoperative consultation would not be indicated. The need of operative intervention in this case has not been established. This would negate the need for preoperative assessment.

**Physical Therapy x 18:** 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:** Based on California MTUS Postsurgical Rehabilitative Guidelines, postoperative therapy would not be indicated as the need of operative intervention in this case has not been established.

**LSO Back Brace:** Upheld

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

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

**Decision rationale:** Based on California MTUS Guidelines, the role of a back brace also would not be supported as the need of operative intervention in this case has not been established.

**Cold Therapy Unit:** 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), Treatment in Worker's Comp, low back procedure, Updated 5/10/2013.

**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, Cryotherapy

**Decision rationale:** California MTUS Guidelines are silent, when looking at Official Disability Guidelines criteria, cryotherapy devices in the lumbar spine following surgical processes are not supported. The need of this device would particularly not be indicated given the lack of documented support for the surgery in questions.