

<b>Case Number:</b>	CM13-0030933		
<b>Date Assigned:</b>	03/17/2014	<b>Date of Injury:</b>	10/18/2011
<b>Decision Date:</b>	05/07/2014	<b>UR Denial Date:</b>	09/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2013

### 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:

This is a 63-year-old male who injured his low back on 10/18/11. The clinical records for review include an 8/23/13 orthopedic follow up report documenting ongoing complaints of pain in the right distal thigh at six weeks following anterior cervical discectomy and fusion. The documented physical examination showed tenderness to palpation over the anterior and lateral aspect of the right thigh with tenderness to be in a very specific distribution area. There is also noted evidence of prepatellar bursitis of the right knee. No lumbar evaluation is noted. Radiographs of the neck identified satisfactory position of hardware. The recommendation at that time was for a two-level L4 through S1 decompression and fusion and an MRI scan of the thigh to determine the etiology of pain. There is no documentation of a precipitating event in regard to the thigh. There is no formal reports of imaging in regard to the claimant's lumbar spine available for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RIGHT THIGH MRI:** 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): Hip Procedure - MRI (Magnetic Resonance Imaging).

**Decision rationale:** The California MTUS Guidelines do not address the request for an MRI of the thigh/hip. When looking at Official Disability Guidelines, the specific request for an MRI scan of the thigh would not be supported. The documentation does not indicate that the claimant had an injury related to his thigh symptoms, no documentation of conservative treatment directed to the symptoms, and does not have any clinical findings that would support the need for imaging. There is no documentation or reports of plain film radiographs for review. Without documentation of clinical findings, conservative treatment or an injury that caused the symptoms, the proposed MRI of the thigh is not medically necessary or appropriate.

**DECOMPRESSION AND POSSIBLE FUSION AT L4-S1 WITH INPATIENT HOSPITAL STAY:** 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:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Milliman Care Guidelines 18th Edition; Inpatient and Surgical Length of Stay Lumbar Fusion 3 (PO) goal length of stay.

**Decision rationale:** Based upon the California ACOEM Guidelines the request for a two-level fusion cannot be recommended as medically necessary. The claimant's recent assessment failed to demonstrate physical examination findings of the lumbar spine. The records provided for review did not contain any imaging reports to determine pathology at the proposed surgical levels. There is also no documentation of conservative treatment directed at the low back complaints. The absence of documentation of a radicular process and lack of imaging to identify instability at the proposed surgical levels would fail to necessitate the need for a two-level fusion procedure in this individual. Therefore, the requested services and inpatient hospital stay are not medically necessary or appropriate at this time.