

<b>Case Number:</b>	CM13-0037522		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	05/26/2004
<b>Decision Date:</b>	04/24/2014	<b>UR Denial Date:</b>	10/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2013

### 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 claimant is a 60-year-old gentleman injured in a work-related accident on May 26, 2004. The clinical records provided for review included an orthopedic assessment on October 21, 2013 noting ongoing complaints of low back pain with bilateral lower extremity radicular pain. The objective findings on examination were vertebral tenderness to palpation at the L4 through S1 level, restricted range of motion and no sensory or motor deficit noted. The claimant's diagnosis was lumbar radiculopathy, discogenic disease, and facet syndrome. Previous imaging included a March 19, 2013 MRI report that showed evidence of osseous changes at the L2-3 vertebral body with no evidence of acute fracture. There was noted fusion hardware from the L3-4 through the L5-S1 level from a prior procedure; date not provided. It was noted that based on failed conservative care and continued orthopedic complaints, extension of the fusion to the L2-3 level by decompression and posterior hardware placement was recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **L2-3 DECOMPRESSION AND POSTERIOR FUSION: 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:** Based on the ACOEM Guidelines, extension of the employee's fusion to include the L2-3 level would not be indicated. The employee's clinical picture does not identify a radicular process at the L2-3 level nor is there any documentation of instability at that level to warrant the need for further fusion procedure. The absence of the above at present would fail to necessitate the role of the surgical process as requested.

**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 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.

**POST-OPERATIVE PHYSICAL THERAPY (12 SESSIONS):** 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.

**DME: DVT MAX UNIT FOR HOME USE (POST-OPERATIVE PURCHASE):** 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.

**DME: THERMA COOL 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.

