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| <b>Case Number:</b>   | CM13-0044056 |                              |            |
| <b>Date Assigned:</b> | 12/27/2013   | <b>Date of Injury:</b>       | 05/09/2005 |
| <b>Decision Date:</b> | 03/18/2014   | <b>UR Denial Date:</b>       | 10/11/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/25/2013 |

### 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 Neurology, has a subspecialty in Neuromuscular Medicine 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 patient is a 47 year old injured worker who sustained a work related injury on May 9, 2005. The patient was subsequently diagnosed with lumbar spine radiculopathy. The patient continues to report complaints of low back pain radiating to both lower extremities. The patient was limping and was using a cane to walk. His physical examination demonstrated that straight leg raising test was positive on both legs and limited lumbar spine range of motion. According to the notes of June 18, 2013, the patient continued to have chronic back pain with limited activity of daily living despite the use of Cymbalta. He was started on Ultram with some help. His physical examination of July 19, 2013 demonstrated lumbar tenderness with decreased sensation in the L5-S1 distribution. His physical examination remain dictation. According to the note of August 1, 2013 and September 12 2013, the patient was diagnosed with lumbar spine strain and radiculopathy, facet arthrosis, lumbar stenosis, bilateral sacroiliac joint sprain, and bilateral knee surgery. The provider requested authorization to perform lumbar spine surgery as mentioned below, front-wheeled walker, commode and 1 Game Ready/ cold unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One L4-L5 and L5-S1 posterolateral fusion using rigid segmental internal fixation, allograft and anterior lumbar interbody fusion: 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): 305-307.

**Decision rationale:** According to the MTUS Chronic Pain Medical Treatment Guidelines, referral for surgical consultation is indicated for patients who have; severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise; activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms; clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair; and failure of conservative treatment to resolve disabling radicular symptoms. Additionally, the California MTUS states that there is no scientific evidence about the long-term effectiveness of any form of surgical decompression or fusion for degenerative lumbar spondylosis compared with natural history, placebo, or conservative treatment. There is no good evidence from controlled trials that spinal fusion alone is effective for treating any type of acute low back problem, in the absence of spinal fracture, dislocation, or spondylolisthesis if there is instability and motion in the segment operated on. Based on the medical records provided for review there is no documentation that the patient is suffering dislocation, segmental instability, fracture or spondylolisthesis. The request for one L4-L5 and L5-S1 posterolateral fusion using rigid segmental internal fixation, allograft and anterior lumbar interbody fusion is not medically necessary and appropriate.

**One 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.

**1 3-in-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.

**1 game ready/ cold 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.