

<b>Case Number:</b>	CM13-0051452		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	01/08/1986
<b>Decision Date:</b>	02/28/2014	<b>UR Denial Date:</b>	11/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2013

### 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 Spine 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:

Physical examination the patient is 5 foot 4 inches 152 pounds. He has a painful range of back motion. Examination reveals weakness of dorsiflexion of the foot. No atrophy or fasciculations are noted. There is diminished pinprick sensation bilaterally over the posterior lateral thigh and lateral aspect of the calf and foot. MRI from November 2012 shows right foraminal L3-4 disc extrusion. Patient has multiple levels of degenerative disc condition the lumbar spine. There is no evidence of instability fracture or tumor. EMG from October 2012 reveals chronic bilateral L5-S1 radiculopathy. There is also evidence of diabetic axonal peripheral neuropathy. CT scan August 2011 reveals multiple levels of degenerative changes from L1-L5. There is mild canal stenosis at L1 to and grade 1 L4-5 spondylolisthesis. The patient has had previous lumbar surgery. At issue is whether additional lumbar surgery is medically necessary at this time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pre-op clearance - EKG, lab work, history and physical, plain X-rays of lumbar spine:**

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 his surgery is not medically necessary, then all other associated items are not needed.

**Post-op physical therapy 3x weekly for 6 weeks:** 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 his surgery is not medically necessary, then all other associated items are not needed

**Back brace , lumbar-sacral orthosis, sagittal-coronal, with rigid anterior and L0637 durable medical equipment:** 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 his surgery is not medically necessary, then all other associated items are not needed