

<b>Case Number:</b>	CM13-0055256		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/07/1986
<b>Decision Date:</b>	03/26/2014	<b>UR Denial Date:</b>	10/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2013

### 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, has a subspecialty in Spine 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 patient is a 55-year-old male who reported an injury on July 07, 1986. The mechanism of injury was not specifically stated. The patient is diagnosed with lumbar discopathy with radiculitis. The patient was seen by [REDACTED] on November 11, 2013. The patient reported ongoing symptomatology in the lumbar spine. Physical examination revealed tenderness to palpation with restricted range of motion. Treatment recommendations included a surgical request at L4 through S1 posterior lumbar interbody fusion with possible L3-4 level to be added. A request for authorization was also submitted for durable medical equipment and postoperative medication. The patient has undergone an MRI of the lumbar spine on August 22, 2013, which indicated mild degenerative disc disease at L4 through S1 with an annular tear and a small disc protrusion. There was no significant central spinal stenosis or neural foraminal narrowing. The patient also underwent electrodiagnostic studies on September 25, 2013, which indicated no evidence of active lumbar radiculopathy in the bilateral lower extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The request for an L4-S1 Posterior Lumbar Interbody Fusion with instrumentation, neural decompression and iliac crest marrow aspiration-harvesting possible junctional levels:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state surgical consultation is indicated for patients who have severe and disabling lower extremity symptoms, activity limitation for more than 1 month, extreme progression of lower extremity symptoms, clear clinical, imaging, and electrophysiological evidence of a lesion, and a failure of conservative treatment. According to the documentation submitted, there is no evidence of an exhaustion of conservative treatment prior to the request for a surgical intervention. The patient's physical examination on the requesting date of November 11, 2013 only revealed tenderness to palpation with restricted range of motion. There is no evidence of an extreme progression of symptoms. There is also no documentation of instability on flexion and extension view radiographs. Additionally, there has not been a psychological evaluation prior to the requested surgical intervention. Based on the clinical information received, the current request is non-certified.

**The request for a three (3) day inpatient stay at [REDACTED]:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, ICD-9 Index.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Hospital Length of Stay.

**Decision rationale:** As the patient's surgical procedure has not been authorized, the current request is also not medically necessary. Therefore, the request is non-certified.

**The request for one (1) Assistant Surgeon:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG); The Centers for Medicare & Medicaid Services (CMS).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

**Decision rationale:** As the patient's surgical procedure has not been authorized, the current request is also not medically necessary. Therefore, the request is non-certified.

**The request for one (1) pre-operative medical clearance with an Internist:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Surgery General Information and Ground Rules, California Official Medical Fee Schedule, 1999 edition, pages 92-93.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Preoperative Testing, General.

**Decision rationale:** As the patient's surgical procedure has not been authorized, the current request is also not medically necessary. Therefore, the request is non-certified.

**The request for one (1) Commode 3 in 1 (██████████):**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Labor Code 4600(a)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Durable Medical Equipment.

**Decision rationale:** As the patient's surgical procedure has not been authorized, the current request for postoperative durable medical equipment is also not medically necessary. Therefore, the request is non-certified.

**The request for one (1) Front wheeled walker (██████████): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Labor Code 4600(a)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Walking Aids.

**Decision rationale:** As the patient's surgical procedure has not been authorized, the current request for postoperative durable medical equipment is also not medically necessary. Therefore, the request is non-certified.

**. The request for one (1) TLSO back brace (██████████): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Back brace, post-operative (fusion).

**Decision rationale:** As the patient's surgical procedure has not been authorized, the current request for postoperative durable medical equipment is also not medically necessary. Therefore, the request is non-certified.

**The request for one (1) ice unit ( [REDACTED] ): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 12 (Low Back Complaints) (2007), pg 161.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Continuous Flow Cryotherapy.

**Decision rationale:** As the patient's surgical procedure has not been authorized, the current request for postoperative durable medical equipment is also not medically necessary. Therefore, the request is non-certified.

**The request for one (1) bone stimulator ( [REDACTED] ): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Bone Growth Stimulator.

**Decision rationale:** As the patient's surgical procedure has not been authorized, the current request for postoperative durable medical equipment is also not medically necessary. Therefore, the request is non-certified.

**The request for 100 Naproxen 550mg ( [REDACTED] ): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Section Page(s): 67-72.

**Decision rationale:** As the patient's surgical procedure has not been authorized, the current request for postoperative medication is also not medically necessary. Therefore, the request is non-certified.

**The request for 120 Cyclobenzaprine 7.5mg ( [REDACTED] ): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril®), Amrix®, Fexmidâç, generic available.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

**Decision rationale:** As the patient's surgical procedure has not been authorized, the current request for postoperative medication is also not medically necessary. Therefore, the request is non-certified.

**The request for 120 Omeprazole 20mg ( ): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Section Page(s): 68-69.

**Decision rationale:** As the patient's surgical procedure has not been authorized, the current request for postoperative medication is also not medically necessary. Therefore, the request is non-certified.

**The request for 90 Tramadol ER 150mg ( ): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram®; Ultram ER®; generic available in immediate re.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 74-82.

**Decision rationale:** As the patient's surgical procedure has not been authorized, the current request for postoperative medication is also not medically necessary. Therefore, the request is non-certified.