MAXIMUS Federal Services

| Case Number: | CM13-0055953 | | |
|---|---|---|---|
| Date Assigned: | 12/30/2013 | Date of Injury: | 05/04/2013 |
| Decision Date: | 03/28/2014 | UR Denial Date: | 11/01/2013 |
| Priority: | Standard | Application Received: | 11/21/2013 |

## 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 40-year-old male who reported an injury on 05/04/2013 after he was loading merchandise onto a truck and reportedly caused injury to his low back. The patient was initially treated conservatively with medications, physical therapy, and epidural steroid injections. The patient's pain failed to respond to conservative treatments. The patient underwent an MRI in 05/2013 that revealed a broad-based disc bulge measuring 7 mm at the L5-S1, causing mild central canal stenosis and mild bilateral neural foraminal stenosis. There was also a broad-based disc bulge measuring 5.5 mm at the L4-5, causing mild central canal stenosis. The patient's most recent clinical examination findings noted that the patient had tenderness and spasming to palpation along the lumbosacral musculature, a positive straight leg raising test, and decreased sensation in the L4-5 and L5-S1 dermatomes. The patient's diagnoses included stenosis and spondylosis at the L4-5 and L5-S1, facet arthropathy at the L4-5 and L5-S1, and insomnia. The patient's treatment plan included continued medications and an anterior posterior lumbar decompression and fusion at the L4-5 and L5-S1 with instrumentation and bone graft followed by postsurgical management.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**anterior/posterior lumbar decompression and fusion at L4-5 and L5-S1 with instrumentation and bone graft:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

**Decision rationale:** The American College of Occupational and Environmental Medicine only recommends spinal fusion in instances where there is spinal fracture or dislocation, or severe instability. The clinical documentation submitted for review does not provide any evidence of severe instability. The clinical documentation does note that the patient has 2 broad-based disc bulges at the L4-5 and L5-S1 levels. However, there is no documentation that the patient has previously undergone any surgical intervention that may cause severe instability. Since the patient only has mild neural foraminal stenosis and central canal stenosis, the likelihood of severe instability resulting from surgical intervention is not clearly determined. Therefore, the need for an anterior posterior lumbar decompression and fusion at the L4-5 and L5-S1 with instrumentation and bone graft is not medically necessary or appropriate.

**Vascular surgeon assistance:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**four day inpatient hospital stay:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**purchase of a front wheeled walker:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated items/services are medically necessary.

**purchase of a TLSO back brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated items/services are medically necessary.

**purchase of a three-in-one commode:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated item/services are medically necessary.

**purchase of a cold therapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated item/services are medically necessary.