

<b>Case Number:</b>	CM13-0064846		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	10/10/2011
<b>Decision Date:</b>	04/11/2014	<b>UR Denial Date:</b>	11/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2013

### 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:

The patient is a 49-year-old male who reported an injury on 10/10/2011. The mechanism of injury involved heavy lifting. The patient is currently diagnosed with multilevel herniated nucleus pulposus of the lumbar spine, severe disc space narrowing and lumbar radiculopathy. The patient was seen by [REDACTED] on 10/31/2013. The patient reported 10/10 lower back pain with bilateral lower extremity radiation. Physical examination revealed tenderness to palpation, spasms, decreased range of motion, decreased sensation, decreased strength and positive slump testing on the left. Treatment recommendations included a posterior spinal fusion with TLIF at L4-5 and L5-S1 with postoperative chiropractic physical therapy twice per week for 6 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**POSTERIOR SPINAL FUSION WITH TLIF AT L4-5, L5-S1 WITH DECOMPRESSION:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004)

**Decision rationale:** The ACOEM Guidelines state that surgical consultation is indicated for patients who have severe and disabling lower extremity symptoms; activity limitations for more than 1 month; extreme progression of symptoms; clear clinical, imaging and electrophysiological evidence of a lesion; and failure of conservative treatment. As per the documentation submitted, there is no evidence of an exhaustion of conservative treatment prior to the request for a surgical intervention. There is no evidence of documented instability at the L4-5 and L5-S1 levels on flexion and extension view radiographs. Additionally, there has not been a psychological evaluation completed prior to the requested procedure. Based on the clinical information received, the patient does not currently meet the criteria for the requested procedure. As such, the request is not medically necessary and appropriate.

**POST-OP CHIROPRACTIC/PHYSIOTHERAPY 2X6, 12 SESSIONS FOR THE LUMBAR SPINE TO BEGIN 4 MONTHS POST OPERATIVELY:** 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.