

<b>Case Number:</b>	CM13-0068374		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	07/10/2012
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	12/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2013

### 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 Physical Medicine and Rehabilitation, and is licensed to practice in Nevada. 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 injured worker is a 41 year-old gentleman who was reportedly injured on July 10, 2012. The mechanism of injury is noted as repetitive bending, lifting, twisting, pushing and walking. The most recent progress note dated February 21, 2014, indicates there are ongoing complaints of low back and leg pain. The physical examination demonstrated a decrease in lumbar spine range of motion, pain with terminal motion and seated nerve root testing is positive. Diagnostic imaging studies reportedly noted instability however there was no independent objectification or radiologist interpretation of same. Discography have been completed and was noted to be negative. At L5/S1 the findings were equivocal with moderate concordant pain. Previous treatment includes multiple medications and physical therapy A request had been made for a lumbar fusion procedure and was not certified in the pre-authorization process on December 2, 2013 as there was incomplete clinical information submitted by the requesting provider that time. A diagnosis of radiculopathy was made without the benefit of electrodiagnostic testing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONE L5-S1 POSTERIOR LUMBAR INTERBODY FUSION WITH INSTRUMENTATION, NEURAL DECOMPRESSION AND ILIAC CREST MARROW ASPIRATION/HARVESTING, POSSIBLE JUNCTIONAL LEVELS: 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): Clinical Measures-Surgical Considerations: Spinal Fusion; Accessed Online.

**Decision rationale:** The progress notes indicate the criterion necessary for a lumbar fusion are simply not met. The first point to make is the MRI completed August 30, 2013 noted no significant disc desiccation, no loss of disc height, no disc lesion, no facet arthropathy and no spinal stenosis. Furthermore, electrodiagnostic testing completed in November, 2012 did not identify any verifiable radiculopathy. Therefore, using the notation from the ACOEM guidelines (as well as the parameters noted in the ODG guidelines), there is insufficient clinical evidence presented to support this request. There is no infection, fracture, instability or compromise that would warrant surgical fusion. Therefore, this request is not medically necessary.

**THREE (3) DAY IN-PATIENT HOSPITAL STAY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): clinical measures-surgical considerations: spinal fusion; Accessed Online.

**Decision rationale:** The underlying lumbar fusion surgery is not clinically indicated and this ancillary service is therefore not clinically indicated.

**ONE ASSISTANT SURGEON:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Clinical Measures-Surgical Considerations: Spinal Fusion; Accessed Online.

**Decision rationale:** The underlying lumbar fusion surgery is not clinically indicated and this ancillary service is therefore not clinically indicated.

**ONE PRE-OP MEDICAL CLEARANCE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Clinical Measures-Surgical Considerations: Spinal Fusion; Accessed Online.

**Decision rationale:** The underlying lumbar fusion surgery is not clinically indicated and this ancillary service is therefore not clinically indicated.

**ONE FRONT WHEEL WALKER:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Clinical Measures-Surgical Considerations: Spinal Fusion; Accessed Online.

**Decision rationale:** The underlying lumbar fusion surgery is not clinically indicated and this ancillary service is therefore not clinically indicated.

**ONE ICE UNIT:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Clinical Measures-Surgical Considerations: Spinal Fusion; Accessed Online.

**Decision rationale:** The underlying lumbar fusion surgery is not clinically indicated and this ancillary service is therefore not clinically indicated.

**ONE BONE STIMULATOR:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Clinical Measures-Surgical Considerations: Spinal Fusion; Accessed Online.

**Decision rationale:** The underlying lumbar fusion surgery is not clinically indicated and this ancillary service is therefore not clinically indicated.

**ONE TLSO BRACE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Clinical Measures-Surgical Considerations: Spinal Fusion; Accessed Online.

**Decision rationale:** The underlying lumbar fusion surgery is not clinically indicated and this ancillary service is therefore not clinically indicated.

**ONE 3 IN 1 COMMODE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Clinical Measures-Surgical Considerations: Spinal Fusion; Accessed Online.

**Decision rationale:** The underlying lumbar fusion surgery is not clinically indicated and this ancillary service is therefore not clinically indicated.