

<b>Case Number:</b>	CM13-0069999		
<b>Date Assigned:</b>	01/17/2014	<b>Date of Injury:</b>	02/28/2011
<b>Decision Date:</b>	05/20/2014	<b>UR Denial Date:</b>	12/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2013

### 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:

This 59-year-old female was injured in a work related accident on February 28, 2011. Specific to the low back, there is documentation of a PR2 report from November 21, 2013 indicating continued lumbar complaints with radiating low back pain. It states that the claimant is with positive discography at the L5-S level for which surgical fusion is being recommended. Objective findings showed restricted range of motion, positive straight leg raise test and positive trigger points over the paravertebral musculature. There was notation of generalized muscle weakness, but no documented dermatomal radicular findings. Restricted range of motion was noted. Previous radiographs reviewed from August 29, 2013 showed disc space narrowing at L4-5 and L5-S1 but no indication of segmental instability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PT 3 X WEEK (UNKNOWN QUANTITY):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** California MTUS Postsurgical Rehabilitative Guidelines would not support the role of postoperative physical therapy. In this case the need for operative intervention has not

been established. The request for PT 3 x week (unknown quantity) is not medically necessary and appropriate.

**LUMBAR SPINE AT L5-S1 POSTERIOR INTERBODY DECOMPRESSION, FUSION AND INSTRUMENTATION:** Upheld

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

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

**Decision rationale:** California MTUS ACOEM Guidelines would not support a medical necessity for the L5-S1 interbody fusion. While the claimant is noted to be with positive discography, that testing is not proven to be a reliable preoperative indicator by Guideline criteria. Furthermore, in this case records do not indicate specific compressive pathology on imaging, positive radicular findings at the L5-S1 level on examination, and/or findings suggestive of segmental instability (findings on recent plain film radiographs were documented as stable). The role of operative intervention, given the claimant's current clinical picture, would not be supported. The lumbar spine at L5-S1 posterior interbody decompression, fusion and instrumentation is not medically necessary and appropriate.

**NORCO:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-Criteria For Use Page(s): 76-80.

**Decision rationale:** MTUS Guidelines would also not support the role of Norco. Records in this case do not support an acute need for short acting narcotic management. The need for operative intervention has not been established thus negating the need for this medication. Norco is not medically necessary and appropriate.