

<b>Case Number:</b>	CM14-0003076		
<b>Date Assigned:</b>	01/29/2014	<b>Date of Injury:</b>	08/30/2012
<b>Decision Date:</b>	06/19/2014	<b>UR Denial Date:</b>	12/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2014

### 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 Texas. 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 54 year old male who sustained an injury on 08/30/12. No specific mechanism of injury was noted. The injured worker has had multiple surgical procedures for both the neck and low back. The injured worker underwent lumbar decompression at L4-5 in March of 2013 followed by lumbar interbody fusion in April of 2013. The injured worker has also had multiple prior surgeries for the cervical spine and right shoulder. Postoperative radiographs of the lumbar spine from 05/24/13 noted good positioning of the hardware at L4-5 with an increase in the height of the interspaces compared to preoperative studies. MRI studies of the lumbar spine completed on 06/14/14 noted edema and enhancement of the opposing end plates at each side of the bone graft at L4-5. No soft tissue swelling around the vertebral bodies was identified. The pedicle screws were in the portion of the bone marrow which was edematous and enhancing. There did appear to be a small amount of fluid between the graft and the opposing end plates on each side possibly indicating reactive changes in the disc space. A low grade infection should be excluded. There was continued bulging at L4-5 with moderate to severe foraminal stenosis noted bilaterally. There was ligamentum flavum hypertrophy and degenerative hypertrophy noted at L4-5. At L3-4, there was mild annular bulging with mild to moderate foraminal stenosis present. There was also a moderate amount of facet degenerative hypertrophy contributing to moderate canal stenosis. Postoperatively, the injured worker was followed for severe low back pain radiating into the lower extremities. The injured worker indicated he was unable to stand or sit for more than a few minutes at a time without severe low back pain. The injured worker was unable to tolerate a decrease in pain medications such as Percocet. The injured worker was seen on 12/11/13 and physical examination showed pain with lumbar range of motion. There was guarding present. Mild weakness was present on knee extension and ankle dorsa flexion bilaterally. There was also decreased sensation in an L4-5

nerve root distribution. ██████ referred to imaging studies which showed downward deviation of the L4 screws as compared to postoperative radiographs with lucency in the cage consistent with pseudoarthrosis. No updated imaging studies as referred to by ██████ were available for review. The injured worker returned for follow-up with ██████ on 01/08/14 with continuing severe pain. Physical examination findings remained unchanged. The injured worker did receive trigger point injections at this visit. ██████ did again refer to recent radiograph studies of the spine showing pseudoarthrosis; however, these were again not available for review. The requested L3 through L5 posterior revision with decompression and fusion with fixation and possible bone morphogenic protein as well as a 3 day inpatient stay, elevated toilet seat, front wheel walker, reacher grabber, lumbar brace, Orthofix bone growth stimulator, preoperative medical clearance, chest x-rays, laboratory studies, EKG, as well as postoperative physical therapy for 18 sessions, 9 land and 9 aquatic were all denied by utilization review on 12/31/13.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **L3-L5 POSTERIOR REVISION, DECOMPRESSION & FUSION WITH FIXATION & POSSIBLE BONE MORPHOGENETIC PROTEIN: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back Chapter.

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

**Decision rationale:** In regards to the requested L3 through L5 posterior revision, decompression, and fusion with fixation and possible bone morphogenic protein, this reviewer would not have recommended this procedure as medically necessary based on the clinical documentation submitted as well as current evidence based guidelines. The injured worker is noted to have had some postoperative reactive changes at L4-5 possibly consistent with an infection. There was no clinical documentation available for review ruling out the presence of an infection. No updated imaging studies were available for review such as CT identifying the presence of pseudoarthrosis at L4-5. Given the absence of any updated imaging studies identifying pseudoarthrosis at the L4-5 level, there is overall insufficient findings to support surgical procedures in this case. Furthermore, the request contains the use of bone morphogenic protein which is not FDA approved for posterolateral fusion procedures. As such, this reviewer would not have recommended certification for this requested service.

#### **3-DAY INPATIENT STAY: 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.

**ELEVATED TOILET SEAT:** 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.

**FRONT WHEELED WALKER:** 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.

**REACHER/GRABBER:** 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.

**LUMBAR BRACE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, , 301

**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.

**ORTHOFIX EXTERNAL BONE GROWTH STIMULATOR:** 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.

**PREOPERATIVE MEDICAL CLEARANCE WITH INTERNIST:** 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.

**CHEST X-RAY "CXR", LAB, ELECTROCARDIOGRAM "EKG":** 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.

**POSTOPERATIVE PHYSICAL THERAPY 18 SESSIONS-9 LAND AND 9 AQUATIC:**  
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.