

<b>Case Number:</b>	CM14-0004439		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	03/25/2009
<b>Decision Date:</b>	05/27/2014	<b>UR Denial Date:</b>	01/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2014

### 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 Pennsylvania. 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 is also a second case with a new claim number. It is CM14-004439. The claimant is a 59-year-old female who was injured in a work related accident 03/25/09 injuring her low back. Recent clinical records for review include a 10/17/13 follow up indicating low back and right lower extremity radiating complaints. Physical examination was not performed. Previous physical examination of 06/20/13 showed 5-/5 quadriceps strength, diminished S1 dermatomal sensation in the left lower extremity and tenderness to palpation. Previous imaging for review includes an MRI scan from 2012 documenting L4-5 disc desiccation with a 2 to 3 mm disc protrusion and canal and foraminal narrowing at L4-5 and L5-S1 with facet changes. Electrodiagnostic studies also performed in April 2012 were negative for acute radicular finding. Plain film radiographs are not noted. There is no documentation of recent conservative care. At present, there is a request for a lumbar interbody fusion to be performed on a undocumented level.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ALIF (ANTERIOR LUMBAR INTERBODY FUSION) SURGERY:** Upheld

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

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

**Decision rationale:** Based on California MTUS ACOEM Guidelines, the acute need of a lumbar fusion would not be indicated. While the level of fusion is not indicated in this case, there is no indication of clinical examination findings, recent imaging or electrodiagnostic studies that would support the need for a surgical process at any lumbar level. The claimant's MRI scan and imaging fails to demonstrate any evidence of segmental instability with electrodiagnostic testing negative for any degree of radiculopathy. The acute need for a surgical lumbar interbody fusion given the claimant's current clinical presentation would not be indicated.

**ASSISTANT SURGEON:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Milliman Care Guidelines, 17th Edition: Assistant Surgeon, Assistant Surgeon Guidelines.

**Decision rationale:** California MTUS ACOEM Guidelines are silent regarding the use of an assistant surgeon. When looking at Milliman care Guidelines, an assistant surgeon would not be indicated as the need for operative intervention has not been established.

**HOSPITAL STAY IN PATIENT 2-3 DAYS:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: low back procedure - Fusion (spinal). For average hospital LOS after criteria are met, see Hospital length of stay (LOS).

**Decision rationale:** California MTUS ACOEM Guidelines are also silent regarding hospital stay criteria. When looking at Official Disability Guidelines criteria, two to three day inpatient stay would not be indicated as the need for operative intervention has not been established.

**VERT ALIGN BRACE:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): 9, 298, 301.

**Decision rationale:** California MTUS ACOEM Guidelines would not support the need for a brace. The role of surgical process in this case has not been established thus negating the need for postoperative bracing.