

<b>Case Number:</b>	CM14-0008619		
<b>Date Assigned:</b>	02/12/2014	<b>Date of Injury:</b>	04/03/2013
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	12/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2014

### 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; has a subspecialty in Orthopedic Spinal Surgery and is licensed to practice in New York. 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 50-year-old female with chronic low back pain. She sustained a work-related injury on April 3, 2013. She reports chronic back pain. She has had physical therapy. She continues to have chronic back pain. On physical examination, she has tenderness to palpation the back. She has limited range of motion in the back. Neurovascular function of the lower extremities is reportedly normal. An MRI of the lumbar spine does not show any evidence of instability or severe spinal stenosis. At issue is whether spinal surgeries are medically necessary at this time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**INPATIENT L4-S1 TRANSFORAMINAL INTERBODY FUSION:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307-315.

**Decision rationale:** This patient does not meet criteria for spinal decompression or fusion surgery. Specifically the medical records do not document any evidence of instability. In addition, there is no documentation of specific neurologic deficit, which correlates with lumbar imaging studies, showing specific compression of the lumbar nerve root. The patient has no red

flag indicators for spinal surgery such as fracture tumor or progressive neurologic deficit. The criteria for a lumbar decompressive or fusion surgery are not met. The requested surgery is not medically necessary.

**L4-S1 POSTERIOR SPINAL FUSION WITH INSTRUMENTATION WITH TWO (2) DAY LENGTH OF STAY: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307-315.

**Decision rationale:** This patient does not meet criteria for spinal decompression or fusion surgery. Specifically the medical records do not document any evidence of instability. In addition, there is no documentation of specific neurologic deficit, which correlates with lumbar imaging studies, showing specific compression of the lumbar nerve root. The patient has no red flag indicators for spinal surgery such as fracture tumor or progressive neurologic deficit. The criteria for a lumbar decompressive or fusion surgery are not met. The requested surgery is not medically necessary.

**SURGICAL ASSISTANT: 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 surgery is not medically necessary, then all other associated items are not medically necessary.

**POST OPERATIVE PHYSICAL THERAPY 3XWEEK X 6 WEEKS: 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 surgery is not medically necessary, then all other associated items are not medically necessary.

**PURCHASE OF 1 BOX ISLAND BANDAGE 4X10: 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 surgery is not medically necessary, then all other associated items are not medically necessary.

**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 surgery is not medically necessary, then all other associated items are not medically necessary.

**Lumbar Back Brace:** 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 surgery is not medically necessary, then all other associated items are not medically necessary.