

<b>Case Number:</b>	CM14-0101666		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	06/14/2013
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	06/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2014

### 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 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:

The patient is a 49-year-old male who had a date of injury on June 14, 2013. The patient has chronic back pain. MRI shows L5-S1 disc degeneration with disc extrusion. Patient lumbar ESI of January 2014. Flexion extension lumbar films show no instability. On physical examination the patient is having low back pain with motion. He has EHL weakness and tibialis anterior weakness. He is able to heel and toe walk. He has some numbness at L5 and S1. Reflexes are symmetric. At issue is whether lumbar fusion surgery is medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Preoperative consult with General/Vascular Surgeon:** 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.

**L5-S1 Anterior Lumbar Fusion:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 305, 307, 310. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back Chapter, Lumbar Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter

**Decision rationale:** This patient does not meet establish criteria for lumbar fusion. Specifically there is no documented evidence of lumbar instability. The patient has no red flag indicators for spinal surgery such as fracture, tumor, or progressive neurologic deficit. Criteria for lumbar fusion surgery are not met. Patient has chronic degenerative low back pain. Surgery is not more likely than conservative measures to relieve the patient's pain.

**Inpatient Hospitalization two (2) to three (3) days for lumbar surgery:** 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.

**Assistant Surgeon-MD:** 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.

**Raised 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.

**Cold Therapy Unit for the low back:** 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.