

<b>Case Number:</b>	CM14-0106679		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	09/10/1990
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2014

### 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 Neurological 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 records, presented for review, indicate that this 58 year old female was reportedly injured on 9/10/1990. The mechanism of injury is undisclosed. The most recent progress note, dated 4/7/2014, indicated that there were ongoing complaints of chronic low back pain. The physical examination demonstrated lumbar spine as well as tenderness to palpation of the paraspinal muscles, limited range of motion with pain, positive straight leg raise, normal motor and sensory in the bilateral lower extremities. No recent diagnostic studies are available for review. Previous treatment included previous surgery, injections, medications, and conservative treatment. A request was made for L3 to L4 extreme lumbar interbody fusion/posterior fusion or anterior lumbar interbody fusion, postoperative lumbar brace, and was not certified in the preauthorization process on 6/16/214.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L3-L4 extreme lumbar interbody fusion/posterior fusion or anterior lumbar interbody fusion:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines; Work Loss Data Institute. LLC; Corpus Christi, TX; www.odg-twc.com Section Low Back - Lumbar & Thoracic (Acute & Chronic) (updated 6/10/2014).

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

**Decision rationale:** American College of Occupational and Environmental Medicine (ACOEM) practice guidelines do not support a spinal fusion in the absence of fracture, dislocation, spondylolisthesis, instability or evidence of tumor/infection. A review of the available medical records documented a diagnosis of lumbar radiculopathy but failed to demonstrate any of the criteria for a lumbar fusion. Furthermore, there were no flexion/extension plain radiographs of the lumbar spine demonstrating instability, and no documentation of lumbar epidural steroid injections. Given the lack of documentation, this request is not considered medically necessary.

**Postoperative Miami lumbar brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**Decision rationale:** American College of Occupational and Environmental Medicine (ACOEM) treatment guidelines do not support the use of a lumbar sacral orthosis (LSO) or other lumbar support devices for the treatment or prevention of low back pain except in cases of specific treatment of spondylolisthesis, documented instability, or postoperative treatment. The claimant is currently not in an acute postoperative setting and there is no documentation of instability or spondylolisthesis with flexion or extension plain radiographs of the lumbar spine. As such, this request is not considered medically necessary.