

<b>Case Number:</b>	CM14-0109218		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	12/07/2004
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	06/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2014

### 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 Physical Medicine & Rehabilitation and is licensed to practice in Nevada. 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 42-year-old female was reportedly injured on December 7, 2004. After a thorough review of the medical records, the mechanism of injury was not evident. The most recent progress note, dated June 2, 2014, indicates that there are ongoing complaints of low back pain radiating to the left lower extremity. The physical examination demonstrated muscle spasms, tenderness, and guarding along the lumbar spine paravertebral muscles with decreased range of motion. There was decreased sensation in the bilateral L5 and S1 dermatomes. Left knee and ankle strength was rated at 4/5. Diagnostic imaging studies of the lumbar spine revealed disc desiccation at the L5 - S1 level with left sided foraminal stenosis. There was also a decreased disk signal at L5 - S1. Previous treatment includes oral medications. A request had been made for a lumbar spine arthrodesis at L5 - S1, an assistant surgeon, and a three day hospital stay and was not certified in the pre-authorization process on June 25, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar arthrodesis procedure at the L5-S1 level with pre-op evaluation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

**Decision rationale:** The ACOEM Practice Guidelines do not support a spinal fusion in the absence of fracture, dislocation, spondylolisthesis, instability or evidence of tumor/infection. Review of the available medical records document a diagnosis of lumbar radiculopathy, but fail to demonstrate any of the criteria mentioned above, for a lumbar fusion. Furthermore, there are no flexion/extension plain radiographs of the lumbar spine demonstrating instability. Given this, the request for a lumbar arthrodesis at L5 - S1 with a preoperative evaluation is not medically necessary.

**Inpatient stay for 3 days:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**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, Hospital Length of Stay, Updated August 22, 2014.

**Decision rationale:** As the accompanying request for lumbar spine surgery has been determined not to be medically necessary, so is this request for a three day inpatient stay.

**Assistant Surgeon:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**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, Surgical Assistant, Updated August 22, 2014.

**Decision rationale:** As the accompanying request for a lumbar spine surgery has been determined not to be medically necessary, so is this request for an assistant surgeon.