

<b>Case Number:</b>	CM14-0016686		
<b>Date Assigned:</b>	04/11/2014	<b>Date of Injury:</b>	01/08/2008
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	02/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician 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 Physician 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 claimant is a 41-year-old gentleman who sustained a low back injury on January 8, 2008. Clinical records available for review include a report of a February 25, 2013, MRI showing broad-based disc protrusion and effacement of the thecal sac with facet hypertrophy at the L4-5 level. The L5-S1 level was noted to have moderate disc protrusion, left-sided in nature, with moderate left foraminal narrowing. A follow-up reported on January 30, 2014, indicated continued low back complaints with left lower extremity pain; objective findings upon exam were noted as unchanged. This is consistent with a previous examination, dated October 21, 2013, which also characterized exam findings as being unchanged. A December 2012 report described the claimant's gait as guarded with a limp and restricted range of motion; no neurologic findings were noted. The records document no further imaging. Due to failed conservative care, this request is for; an L5-S1 fusion with instrumentation and iliac crest bone grafting; eight sessions of post-operative physical therapy; an XXXXXXXXXX Quick Draw back brace for use in the post-operative period; a two-day inpatient hospital stay; and an assistant surgeon.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **LEFT OPEN DECOMPRESSION AND FUSION L5-S1 WITH SPINAL INSTRUMENTATION ILIAC CREST BONE GRAFT: Upheld**

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

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

**Decision rationale:** The California ACOEM Guidelines would not support the need for an L5-S1 fusion with bone grafting in this case. While the employee is noted to have disc bulging at the L5-S1 level, the records provided for review contain no references to current imaging findings of segmental instability. Absent instability, this request would not be medically indicated.

**8 TOTAL SESSIONS OF POST OPERATIVE PHYSICAL THERAPY (2 X 4):** 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.

**QUICK DRAW 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 the primary procedure is not medically necessary, none of the associated services are medically necessary.

**2 DAYS IN-PATIENT STAY:** 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:** 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.