

<b>Case Number:</b>	CM14-0017897		
<b>Date Assigned:</b>	04/16/2014	<b>Date of Injury:</b>	03/28/2003
<b>Decision Date:</b>	06/03/2014	<b>UR Denial Date:</b>	02/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2014

### 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 claimant, a 61-year-old gentleman, was injured on March 28, 2003. Specific to his low back, a December 4, 2013 orthopedic follow-up report described the claimant as having a poking sensation in his left low back and reports severe pain. His prior history includes fusion with instrumentation. Physical examination shows prominence and tenderness to palpation over surgical site, good strength with knee flexion and extension and lower extremity assessment to be within normal limits. The claimant was diagnosed with low back pain status post lumbar fusion with instrumentation. Plain film radiographs demonstrated well-seated instrumentation with no acute findings. No other imaging studies were available for review. The records do not document treatment other than medication management. This request is for: surgical intervention in the form of exploration of fusion from L4 through S1 with removal of hardware and revision fusion; 16 sessions of postoperative physical therapy; a box of island bandages; an external bone growth stimulator; a lumbar back brace; a surgical assistant; and a two-day inpatient stay.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY 3 TIMES A WEEK FOR 6 WEEKS FOR A TOTAL OF 18 VISITS POST-OP:** 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.

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

**PURCHASE OF AN 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 the primary procedure is not medically necessary, none of the associated services are medically necessary.

**L4-S1 REMOVE AND EXPLORE L4-S1 PSF (POSTERIOR SPINAL FUSION):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines ODG- Low Back Chapter- Failed Back Surgery Syndrome.

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

**Decision rationale:** California ACOEM Guidelines would not support the role of removal of hardware and exploration of fusion at levels L4 through S1. While the records reflect that the claimant is status post a two-level fusion, there is no current indication of pseudoarthrosis or imaging documenting the structural need for hardware removal or revision fusion procedure. While the last clinical assessment indicates the claimant's hardware as the source of pain, the records do not document attempts, including a diagnostic injection, to isolate the claimant's hardware as the sole source of pain. In the absence of definitive evidence of the failure of the prior fusion, this request is not established as 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 the primary procedure is not medically necessary, none of the associated services are 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 the primary procedure is not medically necessary, none of the associated services are medically necessary.

**2 DAY INPATIENT LOS (LENGTH OF 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.