

<b>Case Number:</b>	CM14-0110979		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	07/17/2009
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	07/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2014

### 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. 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 48 year old male was reportedly injured on 7/17/2009. The mechanism of injury is noted as motor vehicle accident. The most recent progress note, dated 6/24/2014, indicates that there are ongoing complaints of low back and leg pain, especially right knee. The physical examination demonstrated antalgic gait favoring the right lower extremity, and using a walker, lumbar spine noted positive tenderness to palpation lumbar musculature bilaterally with increased muscle rigidity, numerous trigger points which are palpable and tender throughout the lumbar paraspinal muscles, positive muscle guarding with range of motion, lumbar flexion 45, extension 15, pain with both movements, straight leg raise performed in sitting position positive bilaterally at 60 degrees with radicular symptoms, and decreased sensation along the posterior lateral thigh and posterior lateral calf on the right in comparison to left in the L5 to S1 distribution. No recent diagnostic studies performed in the last six months. Previous treatment includes lumbar fusion, open reduction internal fixation (ORIF) right hip, medications, and conservative treatment. Requests were made for removal of L4 to L5 implant, explore fusion decompression L3 to S1, L3 to L4 and L5 to S1 posterior lumbar interbody fusion and instrumentation, and two to three day hospital stay was not certified in the preauthorization process on 7/10/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Removal of L4-L5 implant, explore fusion decompression L3-S1, L3-L4 and L5-S1 posterior lumbar interbody fusion and instrumentation: Upheld**

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

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

**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. In reviewing of the medical records document a diagnosis of lumbar post laminectomy syndrome status post L4 to L5 fusion, but fail to demonstrate any of the criteria for a revision lumbar fusion. Furthermore, there are no flexion/extension plain radiographs of the lumbar spine demonstrating instability. Given the lack of documentation, this request is not medically necessary.

**2-3 day inpatient 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.

**Internal medicine clearance:** 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.

**3 in 1 commode chair:** 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.

**Electrical spinal 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.

**Dilaudid 8mg #200; supply:28 days:** 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.

**Ice therapy unit purchase:** 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.

**Norco 10/325mg #240, 30 day supply:** 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.

**TLSO 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.

**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.