

<b>Case Number:</b>	CM14-0147063		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	09/24/2012
<b>Decision Date:</b>	12/31/2014	<b>UR Denial Date:</b>	08/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2014

### 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 Orthopedic Surgeon, has a subspecialty in Sports Medicine and is licensed to practice in Texas and Virginia. 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 injured worker is a 50-year-old male who reported an injury on 09/24/2012. The mechanism of injury was not specifically stated. The current diagnosis is spondylosis with disc bulge at L2-3. The injured worker presented on 06/24/2014 with complaints of persistent lower back pain. Previous conservative treatment is noted to include chiropractic therapy and medication management. Physical examination revealed positive muscle tenderness in the upper and lower lumbar region, limited range of motion of the lumbar spine, intact sensation, and normal motor strength. Treatment recommendations at that time included a lumbar discectomy and fusion at L2-3 with cage and allograft. There was no Request for Authorization form submitted for this review. It is noted that the injured worker underwent an MRI of the lumbar spine on 02/10/2014, which revealed evidence of a loss of disc signal and height at L2-3 with a 2 mm broad-based disc bulge extending into the neural foramina, mild facet osteoarthritis, and bilateral mild narrowing of the neural foramina without compression upon the L2 nerve roots.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Surgery: XLIF L2-3, PSF L2-3: 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 Page(s): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Fusion (Spinal).

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation may be indicated for patients who have severe and disabling lower extremity symptoms, activity limitation for more than 1 month, clear clinical, imaging and electrophysiologic evidence of a lesion, and a failure of conservative treatment. The Official Disability Guidelines state preoperative surgical indications for a spinal fusion should include the identification and treatment of all pain generators, the completion of all physical medicine and manual therapy interventions, documented instability upon x-ray or CT myelogram, spine pathology that is limited to 2 levels and a psychosocial screening. It is noted that the injured worker has been previously treated with medications, rest and chiropractic therapy. However, there was no documentation of spinal instability upon x-ray or CT myelogram. There was no documentation of a psychosocial screening prior to the request for a lumbar fusion. The medical necessity has not been established. Therefore, the request is not medically appropriate at this time.

**Durable medical equipment (DME): front wheeled walker:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Fusion (Spinal).

**Decision rationale:** As the injured worker's surgical procedure has not been authorized, the current request is also not medically necessary at this time.

**TLSO brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Fusion (Spinal).

**Decision rationale:** As the injured worker's surgical procedure has not been authorized, the current request is also not medically necessary at this time.

**3 Day inpatient hospital stay:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306.

**Decision rationale:** As the injured worker's surgical procedure has not been authorized, the current request is also not medically necessary at this time.

**Pre-operative work up (chest x-ray, labs and EKG):** 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 Page(s): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Fusion (Spinal).

**Decision rationale:** As the injured worker's surgical procedure has not been authorized, the current request is also not medically necessary at this time.