

<b>Case Number:</b>	CM14-0030084		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	09/29/2010
<b>Decision Date:</b>	12/16/2014	<b>UR Denial Date:</b>	02/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in New Jersey. 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 patient is a 48 woman who sustained a work-related injury on September 29, 2010. Subsequently, she developed with chronic back pain. According to a progress report dated on February 10, 2014, the patient physical examination demonstrated the positive right straight leg raise, weakness in the right lower extremity, muscle weakness are all, difficulty with heel and toe walking and the decreased sensation in both feet. The the patient MRI of the lumbar spine performed on December 28, 2011 demonstrated degenerative disc disease and moderate foraminal stenosis. The provider request authorization for the following therapies.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L4-L5 and L5-S1 Anterior lumbar interbody fusion.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation AMA Guidelines (Radiculopathy, Instability).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

**Decision rationale:** The patient does not fulfill MTUS guidelines for lumbar fusion. There is no documentation of severe and disabling lower extremities pain and weakness corroborated by

radiological and neurophysiological findings. Therefore, the request for L4-L5 and L5-S1 Anterior lumbar interbody fusion is not medically necessary.

**Bone Growth Stimulator: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back Chapter & [http://www.odg-twc.com/odgtwc/knee\\_files/bcbs\\_bone\\_stim.htm](http://www.odg-twc.com/odgtwc/knee_files/bcbs_bone_stim.htm)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

**Decision rationale:** As the L4-L5 and L5-S1 Anterior lumbar interbody fusion was not certified, Bone Growth Stimulator is not certified.

**Cold and Compression Therapy: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee and Leg

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

**Decision rationale:** As the L4-L5 and L5-S1 Anterior lumbar interbody fusion was not certified, Cold and Compression Therapy was not certified.

**Hot and Cold Unit Posoperatively: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee and Leg

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

**Decision rationale:** As the L4-L5 and L5-S1 Anterior lumbar interbody fusion was not certified, Hot and Cold Unit Posoperatively was not certified.