

<b>Case Number:</b>	CM14-0033581		
<b>Date Assigned:</b>	03/21/2014	<b>Date of Injury:</b>	04/20/2012
<b>Decision Date:</b>	04/22/2014	<b>UR Denial Date:</b>	03/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2014

### 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 New York. 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 has chronic back pain and x-rays which show mild lumbar scoliosis. An MRI from February 2012 demonstrates scoliosis and mild L5-S1 retrolisthesis. In addition there is a disc bulging at L1-2, L2-3, and L3-4. At L5-S1 there is mild retrolisthesis and a disc bulge. Physical exam demonstrates right dorsiflexion and plantar flexion weakness with bilateral positive straight leg raises. The patient has had pain for approximately 1 year. The patient is also receiving treatment for depression. EMG nerve conduction studies from November 2013 report suspected root abnormalities at L3 and L4 on the left. At issue is whether lumbar fusion and decompressive surgery at L5-S1 is medically necessary and appropriate.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ANTERIOR AND POSTERIOR LUMBAR FUSION AND DECOMPRESSION L5-S1:**

Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-322.

**Decision rationale:** According to the medical records provided for review, the patient does not have any documented instability on any imaging study in the lumbar spine. Also, the patient does not have any red flag indicators for spinal fusion such as fracture, tumor, or progressive neurologic deficit. The patient also does not meet criteria for lumbar decompression. The patient's MRI does not show significant lumbar nerve root compression that is correlated with physical exam findings demonstrate specific lumbar radiculopathy. Also, there is no correlation with imaging studies, physical exam, and electrodiagnostic testing. ACOEM Guidelines' criteria for lumbar decompressive surgery are not met. The request for L5-S1 lumbar decompression and fusion surgery is not medically necessary and appropriate.

**TWO 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.

**BONE STIMULATOR 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.

**BACK BRACE 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.