

<b>Case Number:</b>	CM14-0034562		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	01/25/1996
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	02/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2014

### 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 is a 63-year-old female who had a previous L4-5 laminectomy and discectomy in 1999. She also had posterior lumbar interbody fusion at L4-5 and 2007. She complains of chronic low back pain. Physical examination revealed normal sensation restricted range of lumbar motion. Deep tendon reflexes were normal in the lower extremities. Right hip flexion was weak. X-ray showed degenerative disc condition. MRI from June 2013 shows pedicle screws at L4-5 and prior fusion of L4-5. L3-4 there is a broad disc bulge causing some spinal stenosis. There is disc degeneration at L3-4 with grade 2 spondylolisthesis. Diagnoses include L3 for grade 2 spondylolisthesis and lumbar radiculopathy. Treatment to date includes medications and epidural steroid injection. At issue is whether revision surgery and L3 for decompression and fusion are medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consultation: Pre-operative Psychiatric Clearance:** Upheld

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

**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.

**Pre Operative Clearance:** 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 Chapter preoperative.

**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.

**Spine L3-4 Decompression with fusion with TLIF/PSIF:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): 305-322.

**Decision rationale:** This patient does not meet criteria for revision lumbar surgery. Specifically, there is no documented instability in the lumbar spine in any medical record files. Also, the patient does not have any red flag indicators for spinal fusion surgery such as fracture, tumor, or progressive neurologic deficit. There is no documentation of evidence of failure fusion. There is also no documentation of significant neurologic deficit in the lower extremities. There is no clear correlation between imaging studies showing specific compression the nerve root and physical examination showing neurologic deficit. There is no documentation of the hardware block showing painful hardware. There is no documentation of failure of hardware. Criteria for revision lumbar surgery have not been met. Therefore, this request is not medically necessary.

**Spine removal of Hardware at L4-5:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

**Decision rationale:** Since surgery is not medically necessary, then all other associated items are not needed. There is no documentation of the hardware block showing painful hardware. There is no documentation of failure of hardware. There is no documentation of pseudoarthrosis. Therefore, this request for removal of hardware is not medically necessary.

**Inpatient stay 3 day length of stay - Facility:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Length of stay.

**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.

**Assistant Surgeon:** 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 LSO:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low back pain chapter.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Rental Cold Therapy Unit x 30 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.

**Purchase Pneumatic Intermittent Compression Device:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Article -Deep Venous Thrombosis Prophylaxis in Orthopedic Surgery.

**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.