

<b>Case Number:</b>	CM14-0037298		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	07/15/2009
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	02/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 60 year old female who had a work related injury on 07/15/09. The mechanism of injury, she fell backwards while moving furniture. Since then she has been having low back pain that radiates down her legs. She had conservative treatment followed by surgery in 2009 with a laminectomy and fusion at L5-S1. She is still having severe pain, 8/10 radiating down both legs with numbness and tingling down the left leg in an S1 distribution. Legs are giving out. She is walking with a walker. She is progressively getting worse. Physical examination on 02/04/14 she is able to toe walk and heel walk and squat with difficulty. She is ambulating with a walker. She has limited range of motion due to pain and increased pain. Neurologic examination shows decreased sensation on the left and on the L5 and bilateral L4 distribution. Straight leg raise is positive in the right lower extremity. Radiographic studies x-rays show instability. There is retrolisthesis of L3 on L4 with instability on flexion and extension views. MRI shows post-surgical changes at L5-S1 and loss of disc height at L3-4 and L4-5. EMG/NCV studies showed findings of L5-S1 lumbar radiculopathy. The most recent medical record submitted for review is dated 06/26/14 the injured worker continues to have a lot of issues. The injured worker has difficulty walking. She had a CT scan done which shows there is still some foraminal narrowing at the L5-S1, severe arthritic changes at the L4-5 with significant foraminal narrowing. There is retrolisthesis of L3 on L4 as well on the CT scan. Assessment and plan, at this time the injured worker already had physical therapy with persistent symptoms. I'd like to recommend acupuncture and chiropractic treatment 2 x a week for 6 weeks. If this is not helping, we will consider an epidural injection at the L3-4 and L4-5 level. I recommend the injured worker lose weight to reduce stress on the back. We will see the injured worker back in 6 weeks for follow up. The prior utilization review on 02/21/14 was denied. The current request is for revision posterior spinal fusion, laminectomy, and posterior spinal fusion

with instrumentation and posterolateral interbody fusion from L3 to S1. Assistant surgeon. Hospital stay 5 days. Pre-op medical clearance. 3-in-1 commode. Front wheeled walker. Custom molded TLSO brace.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Revision posterior spinal fusion, laminectomy and posterior spinal fusion with instrumentation and post lateral interbody fusion from L3-S1: Upheld**

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

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

**Decision rationale:** The request for a revision posterior spinal fusion, laminectomy, and posterior spinal fusion with instrumentation and posterolateral interbody fusion from L3 to S1 is not medically necessary. The clinical documentation submitted for review does not support the request. There has been no formal report of the MRI, x-rays, or CT scan. On the 06/26/14 visit, a plan was made for the injured worker to undergo epidural steroid injections, physical therapy, chiropractic treatment, acupuncture; there has been no documentation if she has gone or if she did go, if she had any functional benefit. As such, medical necessity has not been established.

**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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, chapter, surgical assistant

**Decision rationale:** The request for an assistant surgeon is predicated on the initial surgical request. As this has not been found to be medically necessary, the subsequent request is not necessary.

**Hospital stay 5 days:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The request for a hospital stay x 5 days is based on the initial surgical request. As this has not been found to be medically necessary, the subsequent request is not necessary.

**Pre-op medical clearance:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The request for pre-op medical clearance is predicated on the initial surgical request. As this has not been found to be medically necessary, the subsequent request is not necessary.

**3 in 1 commode:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee chapter, Durable medical equipment (DME)

**Decision rationale:** The request for a 3-in-1 commode is predicated on the initial surgical request. As this has not been found to be medically necessary, the subsequent request is not 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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee chapter, Durable medical equipment (DME)

**Decision rationale:** The request for a front wheeled walker is predicated on the initial surgical request. As this has not been found to be medically necessary, the subsequent request is not necessary.

**Custom Molded 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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)Low back chapter, Lumbar supports

**Decision rationale:** The request for a custom molded TLSO brace is predicated on the initial surgical request. As this has not been found to be medically necessary, the subsequent request is not necessary.