

<b>Case Number:</b>	CM14-0041543		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	11/03/2008
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	03/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/14/2014

### 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 California. 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 43-year-old male who reported injury on 11/03/2008. The injured worker underwent an EMG and nerve conduction study on 01/13/2014, which revealed the injured worker had no evidence of entrapment neuropathy or acute lumbar radiculopathy. Prior treatments included physical therapy and epidural steroid injections. The documentation of 01/30/2014 revealed the injured worker had continued symptomatology in the lumbar spine with extension into the lower extremities. The physician documented there was a recommendation for surgical intervention in 2010 and it was recommended the injured worker undergo a discogram at that time. The documentation indicated the discogram was not performed and instead the injured worker underwent 2 epidural steroid injections. The physician further documented the injured worker returned back to the physician's office in 11/2013 complaining of increasing pain in the low back with greater pain into his hips and lower extremities. The physical examination remained unchanged. There was pain and tenderness right across the iliac crest into the lumbosacral spine. Standing flexion and extension were guarded and restricted. There was a radicular pain pattern that involved the lateral thigh, anterolateral leg and the dorsal foot and to a lesser degree the anterolateral thigh, anterior knee and medial leg and foot. The physician documented that these findings are consistent with a clear L4-5 and to a lesser degree L3-4 dermatomal pattern. The findings continued to be in the right lower extremity. Motor strength evaluation revealed a 4/5 strength of the quadriceps and no greater than 3+/5 to 4-/5 of the EHL on the right. The physician documented these muscles are directly innervated by the L4 and L5 nerve roots. The physician documented the injured worker underwent an MRI of the lumbar spine without contrast on 01/13/2014, which revealed at L3-4 there was a bulge with a 2 mm posterior extension into the spinal canal resulting in impression on the ventral surface of the thecal sac. There was a central protrusion at L5-4 with annular tear that extended 3 mm

posteriorly resulting in impression on the thecal sac. The diagnoses included left lumbar discopathy with radiculitis and electrodiagnostic evidence of right L5 radiculopathy. The treatment plan included, as the injured worker had exhausted all conservative measures, he was a candidate for surgical intervention at L4-5 and possibly L3-4.

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

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

**L4-L5 and possibly L3-L4 posterior lumbar interbody fusion with instrumentation and possible addressing of junctional level pathology if present intraoperatively: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305, 307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back- Lumbar & Thoracic (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307-309.

**Decision rationale:** The ACOEM Guidelines indicate a referral for surgical consultation may be appropriate for injured workers who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies, preferably with accompanying objective signs of neural compromise, activity limitation due to radiating leg pain, clear clinical, imaging evidence and electrophysiological evidence of a lesion that has been shown to benefit in both the long and short term from surgical repair and a failure of conservative treatment to resolve disabling radicular symptoms. Additionally, they indicate that there is no good evidence from controlled trials that spinal fusion alone is effective for treatment of any type of acute low back problem in the absence of spinal fracture, dislocation or spondylolisthesis, if there is instability in motion in the segment operated on. The clinical documentation submitted for review indicated the injured worker had objective findings upon physical examination and a failure of conservative care. There would be no support through electrodiagnostic studies. There was lack of documentation of radiologic evidence to support the injured worker had spinal instability through x-rays of the lumbar spine that include flexion and extension studies. The MRI failed to demonstrate that there was spinal instability. Given the above, the request for L4-L5 and possibly L3-L4 posterior lumbar interbody fusion with instrumentation and possible addressing of junctional level pathology if present intra-operatively is not medically necessary.

**3 days in-patient hospital 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.

**1 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.

**1 medical clearance with internist:** 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.

**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 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 Wheel 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.

**1 ice unit:** 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.

**1 bone stimulator:** 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.

**1 thoracolumbosacral orthosis (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 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.