

<b>Case Number:</b>	CM14-0060736		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	10/18/2011
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	04/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2014

### 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 Spine Surgery and is licensed to practice in Texas. 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 52-year-old male who reported an injury on 10/18/2011. The injured worker was reportedly moving a crate when the crate fell striking the injured worker in his left shoulder and neck. The injured worker also twisted his lower back at that time. Current diagnoses include lumbosacral strain with resultant large disc herniation, contusion of the left elbow with medial epicondylitis and nerve entrapment, left shoulder strain, cervical strain, gastritis, anxiety, and depression. The injured worker is status post left shoulder arthroscopy on 01/18/2013 and left elbow surgery on 12/03/2013. The injured worker was evaluated on 04/09/2014 with complaints of lower back pain, bilateral buttock pain, and occasional left leg pain with numbness and weakness. It is noted that the injured worker has participated in chiropractic treatment and physical therapy. The current medication regimen includes acetaminophen and Tylenol with codeine. The injured worker underwent an MRI of the lumbar spine on 02/25/2014, which indicated a small circumferential disc bulge with superimposed left paracentral disc extrusion at L5-S1, moderate central canal stenosis, and moderate bilateral neural foraminal narrowing. Physical examination on that date revealed no acute distress, a left-sided antalgic gait, limited range of motion of the lumbar spine, positive straight leg raising on the left, weakness in the left lower extremity, and diminished reflexes. After extended discussion and consultation, the injured worker requested surgical care, which would involve an anterior retroperitoneal decompression and stabilization with spinal plate at L5-S1 followed by a posterior microdiscectomy at L5-S1. There was no Request for Authorization Form submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**anterior L5-S1 interbody fusion w instrumentation and posterior L5-S1 laminectomy or laminotomy:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306.

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation is indicated for patients who have severe and disabling lower extremity symptoms, activity limitation for more than 1 month, clear clinical, imaging and electrophysiologic evidence of a lesion, and a failure of conservative treatment. The Official Disability Guidelines state preoperative clinical surgical indications for a spinal fusion should include the identification and treatment of all pain generators, completion of all physical medicine and manual therapy interventions, documented instability upon x-ray or CT myelogram, spine pathology that is limited to 2 levels, and a psychosocial screening. As per the documentation submitted, the injured worker has only been treated with physical therapy and chiropractic treatment. There is no documentation of an exhaustion of conservative treatment. There were no flexion/extension view radiographs submitted for review documenting spinal instability. There was also no documentation of a psychosocial screen. Based on the clinical information received and the above mentioned guidelines, the request is non-certified.

**Asst 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:** As the injured worker's surgical procedure has not been authorized, the current request is also not medically necessary. As such, the request is non-certified.

**Co-vascular 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:** As the injured worker's surgical procedure has not been authorized, the current request is also not medically necessary. As such, the request is non-certified.

**Pre op consult:** 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:** As the injured worker's surgical procedure has not been authorized, the current request is also not medically necessary. As such, the request is non-certified.

**Durable Medical Equipment: lumbar 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:** As the injured worker's surgical procedure has not been authorized, the current request is also not medically necessary. As such, the request is non-certified.

**Hot/cold therapy unit with wrap:** 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:** As the injured worker's surgical procedure has not been authorized, the current request is also not medically necessary. As such, the request is non-certified.

**Inpatient stay times 3-4 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:** As the injured worker's surgical procedure has not been authorized, the current request is also not medically necessary. As such, the request is non-certified.