

<b>Case Number:</b>	CM14-0071034		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	02/16/2012
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	05/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/16/2014

### 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 patient is a 39-year-old male. Patient's date of injury is February 16, 2012. He has chronic back pain. He continues to have pain radiating to his legs despite conservative measures. Patient has had medications, physical therapy, bracing, chiropractic treatment and epidural steroid injections. On physical examination patient has reduced range of lumbar motion. There is tenderness palpation lumbar spine. There is weakness of the tibialis anterior. Sensation is normal. Deep tendon reflexes are normal at the knees and absent at the ankles. MRI the lumbar spine shows disc degeneration with annular tears at L4-5 and L5-S1. At issue is whether two-level lumbar fusion along with decompression is medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lateral Lumbar Fusion L4-5, S1 Discectomy, Decompression and Instrumentation with Neuromonitoring:** Upheld

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

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

**Decision rationale:** This patient does not meet establish criteria for lumbar fusion or decompressive surgery. Specifically, there is no documented instability in the lumbar spine. There is no documented significant neurologic deficit that clearly correlates with MRI imaging showing specific compression of the nerve root. The patient does not have any red flag indicators for fusion with decompressive surgery such as fracture, tumor, or progressive neurologic deficit. Multilevel fusion for degenerative back pain is not more likely than conservative measures to relieve chronic back pain symptoms. There is no documented instability. Criteria for multilevel fusion or decompression not met.

**Posterior Lumbar Fusion L4-5, L5-S1 Discectomy, Decompression and Instrumentation with Neuromonitoring.:** Upheld

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

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

**Decision rationale:** This patient does not meet establish criteria for lumbar fusion or decompressive surgery. Specifically, there is no documented instability in the lumbar spine. There is no documented significant neurologic deficit that clearly correlates with MRI imaging showing specific compression of the nerve root. The patient does not have any red flag indicators for fusion with decompressive surgery such as fracture, tumor, or progressive neurologic deficit. Multilevel fusion for degenerative back pain is not more likely than conservative measures to relieve chronic back pain symptoms. There is no documented instability. Criteria for multilevel fusion or decompression not met.

**Pre-Op Medical Clearance - 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:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

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

**Surgeon Assistant x 2: 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.

**In-patient hospital stay #7 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.

**LSO Lumbar Support 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.

**Cold Therapy 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.

**Bone Growth 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.