

<b>Case Number:</b>	CM14-0074872		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	07/13/2011
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	05/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2014

### 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 Neurological 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 records presented for review indicate that this 45 year-old female was reportedly injured on July 13, 2011. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated April 21, 2014, indicates that there are ongoing complaints of low back pain. The physical examination demonstrated a 5 foot 3 inch, 195 pound individual in no apparent distress. Straight leg raising is reported to be positive. The sensory examination is intact as is the motor evaluation. Diagnostic imaging studies objectified multiple level disc bulges. Previous treatment includes conservative care, chiropractic care, physical therapy, multiple injections, acupuncture and multiple medications. There has not been any significant improvement in her pain and approximately six months, however there is no objectification of a fracture, instability or infection. A request was made for lumbar fusion surgery and was not certified in the pre-authorization process on July 23, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L5-S1 anterior lumbar interbody fusion:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 305-310. Decision based on Non-MTUS Citation Official Disability Guidelines, low back - lumbar and thoracic (acute and chronic), fusion (spinal).

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

**Decision rationale:** As noted in the most recent progress note the diagnosis is an annular tear with a chemical radiculitis. There is no indication of radiculopathy, nerve root compression, spinal instability or infection. As such, the standards outlined in the American College of Occupational and Environmental Medicine Guidelines for fusion intervention are not met. Therefore, this is not medically necessary.

**Assistant surgeon:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blue Cross/Blue Shield North Carolina Corporate Medical Policy C-Surgeon, assistant surgeon, and assistant-at-surgery guidelines.

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

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

**Two day inpatient stay:** 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 - lumbar and thoracic (acute and chronic), hospital length of stay.

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

**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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, knee chapter, walking aids.

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

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

**Lumbar brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 301. Decision based on Non-MTUS Citation Official disability Guidelines, low back - lumbar and thoracic (acute and chronic), back brace, post operative (fusion).

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

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