

<b>Case Number:</b>	CM14-0079720		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	02/10/2004
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	05/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/30/2014

### 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 70-year-old gentleman injured 02/10/04. Records indicate low back complaints. There is documentation of a recent 04/29/14 progress report indicating subjective complaints of low back and bilateral lower extremity radiculopathy, physical examination findings showed globally reduced sensory exam to the lower extremities with weakness and deconditioning in a non-documented fashion. He was diagnosed with degenerative disc disease with failed fusion back syndrome. There is evidence of a prior interbody fusion from L4 through S1 in May 2008 with previous history of a decompressive procedure at the two levels in 2006. Based on failed conservative care, there are recommendations for removal of hardware in revision interbody fusion at the L4 through S1 level. Recent imaging for review shows a 2012 MRI report that shows prior laminectomy and fusion changes with no indication of pseudoarthrosis or hardware failure. There is chronic radiculopathy noted on previous electrodiagnostic studies of 06/25/12.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Removal/revision posterior lumbar interbody fusion at L4-S1: 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 & Thoracic (Acute & Chronic) Patient Selection Criteria for Lumbar Spinal Fusion.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-- Official Disability Guidelines Treatment in Worker's Comp , 18th Edition, 2013 Updates: Low Back Procedure - Fusion (spinal).

**Decision rationale:** Based on California MTUS ACOEM Guidelines and supported by Official Disability Guidelines criteria, revision fusion would not be indicated. The patient's review of records fails to demonstrate any evidence of pseudoarthrosis or hardware failure that would acutely necessitate the need for a revision procedure. Without documentation of failure of patient's prior hardware or evidence of mal or nonunion at the surgical levels of L4 through S1, the request for the removal/revision posterior lumbar interbody fusion at L4-S1 is not medically necessary.

**Surgical assistant:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Because the requested surgical procedure is recommended non-certified, the requested surgical assistant is also recommended as non-certified.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Milliman Care Guidelines 17th edition: assistant surgeon.

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

**LSO brace (through [REDACTED]):**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Because the requested surgical procedure is recommended non-certified, the requested LSO brace is also recommended as non-certified. Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) Back brace, post operative (fusion): Under study, but given the lack of evidence supporting the use of these devices, a standard brace would be preferred over a custom post-op brace, if any, depending on the experience and expertise of the treating physician.

**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.

**2 week rental of Vascutherm 4 with hot/cold compression unit (through [REDACTED]):**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Because the requested surgical procedure is recommended non-certified, the requested 2 week rental of Vascutherm 4 with hot/cold compression unit is also recommended as non-certified.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-- Official Disability Guidelines Treatment in Worker's Comp , 18th Edition, 2013 Updates: Knee Procedure - Game Readyâ€ accelerated recovery system.

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

**pre-op clearance with internist:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Because the requested surgical procedure is recommended non-certified, the requested pre-op clearance with internist is also recommended as non-certified.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM OMPG (Second Edition, 2004), Chapter 7 Independent Medical Examinations and Consultations, page 127.

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

**2 day inpatient stay:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Because the requested surgical procedure is recommended non-certified, the requested 2 day inpatient hospital stay is also recommended as non-certified.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-- Official Disability Guidelines Treatment in Worker's Comp , 18th Edition, 2013 Updates: low back procedure - Fusion (spinal).

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