

<b>Case Number:</b>	CM14-0081464		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	08/22/2008
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	05/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2014

### 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 46 year-old individual was reportedly injured on August 22, 2008. The mechanism of injury is not listed in these records reviewed). The most recent progress note, dated July 22, 2014 indicates that there are ongoing complaints of chronic back and severe leg pain. The physical examination demonstrated a 5'3", 180 pound individual who is borderline hypertensive (132/85) and reported to be in no acute distress. The lumbar spine examination noted no scoliosis, straight leg raising was reported to be normal, there was tenderness to palpation a lower lumbar region, and no muscle spasm is noted. Motor is reported to be 5/5. Diagnostic imaging studies were not presented. Previous treatment includes multiple medications, lumbar spine surgery and pain management techniques. A request had been made for a lumbar fusion and was not medically necessary on May 21, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Anterior lumbar interbody fusion at l4-5 with revision laminectomy and posterior instrumented fusion at l4-5 (including co-surgeon and medical clearance): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): (electronically cited).

**Decision rationale:** As outlined in the ACOEM guidelines, this procedure is not recommended unless there is trauma related spinal fracture, dislocation, infection, patient's secondary tumor. There is no objectification any maladies exist. As such, there is insufficient clinical ration presented to support this request.

**Post-op physical therapy lumbar spine 2x6:**

**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.

**Post-op 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.

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

**Post-op 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.

**Post-op home health care 2 hours/day, 6 days/week for 2 weeks:** 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.