

<b>Case Number:</b>	CM14-0201659		
<b>Date Assigned:</b>	12/16/2014	<b>Date of Injury:</b>	07/26/2010
<b>Decision Date:</b>	01/29/2015	<b>UR Denial Date:</b>	11/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2014

### 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 Orthopedic Surgery, and is licensed to practice in New York. 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 43-year-old male with a date of injury of July 26, 2010. The patient has chronic low back pain radiating to the left leg. Physical examination shows abnormal gait. Range of motion of the lumbar spine is limited. Physical exam shows no focal neurologic deficit. The patient had L4-S1 fusion in January 2011. X-rays lumbar spine are not documented. CT scan of the lumbar spine from September 2014 showed L4-5 laminectomy with pedicle screws and rods. The hardware is intact without evidence of breakage. The hardware is intact without evidence of fracture or loosening. There is a 3 mm disc bulge with retrolisthesis. There is no evidence of pseudoarthrosis. At L5-S1 there is evidence of loosening of the right S1 pedicle screw. There is no evidence of pseudoarthrosis. At issue is whether revision surgeries medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Anterior Interbody Fusion L4-L5, L-5-S1:** Upheld

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

**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: MTUS low back pain chapter pages 3073 322.

**Decision rationale:** This patient does not meet establish criteria for two-level lumbar fusion surgery. Specifically there is no documentation of two-level lumbar instability including flexion extension views showing 5 mm of motion at any lumbar level. Multiple level fusion surgery criteria not met. The patient has had previous two-level lumbar posterior fusion. The CT scan does not document pseudoarthrosis at any previously operated segment. There is no evidence of failure fusion at L4-5 or L5-S1 on the imaging CT scan. There is no evidence of hardware breakage. The patient also does not have any red flag indicators for spinal fusion surgery such as fracture tumor or progressive neurologic deficit. Multi-level fusion surgery IS NOT medically necessary. Criteria for revision surgery not met.

**(3) Day rental of Vascu Therm cold and compression back wrap for Lumbar:** Upheld

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

**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: ODG low back chapter.

**Decision rationale:** Since surgery is not medically necessary, then all other associated items are not needed. Also ODG guidelines do not support the use of this device after lumbar surgery.