

<b>Case Number:</b>	CM14-0205670		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	03/21/2012
<b>Decision Date:</b>	02/05/2015	<b>UR Denial Date:</b>	12/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2014

### 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, has a subspecialty in Orthopedic Spinal 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 60-year-old with a date of injury of March 21, 2012. The patient has chronic back pain and bilateral neurogenic claudication symptoms. On physical examination the patient has tenderness palpation of the bilateral paraspinal muscles and the low back area. The patient has normal motor strength throughout the lower extremities. There are diminished reflexes at the knees and ankles bilaterally. There is diminished sensation L5-S1 dermatomes bilaterally. X-ray show facet arthropathy at L4-5 and L5-S1. There is disc degeneration at L5-S1. MRI shows L4-5 facet arthropathy. There is no evidence of foraminal stenosis. There severe disc degeneration both at L4-5 and L5-S1. The patient has had physical therapy, medications activity modification, and injections. The patient continues to have pain. At issue is whether spinal surgery and associated modalities are medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pre-op medical clearance with EKG, Chest X-Ray , CBC, UA , C&S , BMP, PT/PTT/Bleeding, Time Type and Screen: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (Low Back- Lumbar & Thoracic (Acute & Chronic); ACC/ AHA 2007 Guidelines on Perioperative Cardiovascular Evaluation and Care for Non-Cardiac Surgery

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 305-322.

**Decision rationale:** This patient does not meet establish criteria for two-level lumbar spinal surgery. Specifically there is no documentation of significant neurologic deficit that clearly correlate with imaging studies showing specific compression of nerve roots. In addition is no documentation a progressive neurologic deficit. The patient does not have any red flag indicators for spinal fusion and decompressive surgery such as fracture tumor or progressive neurologic deficit. Since spinal fusion surgery is not medically necessary, and then all other associated items with the unneeded surgery are not needed.

**Home Health RN Eval:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 51.

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

**Decision rationale:** This patient does not meet establish criteria for two-level lumbar spinal surgery. Specifically there is no documentation of significant neurologic deficit that clearly correlate with imaging studies showing specific compression of nerve roots. In addition is no documentation a progressive neurologic deficit. The patient does not have any red flag indicators for spinal fusion and decompressive surgery such as fracture tumor or progressive neurologic deficit. Since spinal fusion surgery is not medically necessary, and then all other associated items with the unneeded surgery are not needed.

**Home Health Post- op physical therapy 3x2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 51, Postsurgical Treatment Guidelines.

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

**Decision rationale:** This patient does not meet establish criteria for two-level lumbar spinal surgery. Specifically there is no documentation of significant neurologic deficit that clearly correlate with imaging studies showing specific compression of nerve roots. In addition is no documentation a progressive neurologic deficit. The patient does not have any red flag indicators for spinal fusion and decompressive surgery such as fracture tumor or progressive neurologic deficit. Since spinal fusion surgery is not medically necessary, and then all other associated items with the unneeded surgery are not needed.

**Outpatient post-op physical therapy 3x3:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

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

**Decision rationale:** This patient does not meet establish criteria for two-level lumbar spinal surgery. Specifically there is no documentation of significant neurologic deficit that clearly correlate with imaging studies showing specific compression of nerve roots. In addition is no documentation a progressive neurologic deficit. The patient does not have any red flag indicators for spinal fusion and decompressive surgery such as fracture tumor or progressive neurologic deficit. Since spinal fusion surgery is not medically necessary, and then all other associated items with the unneeded surgery are not needed.