

<b>Case Number:</b>	CM14-0207902		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	11/26/2001
<b>Decision Date:</b>	02/19/2015	<b>UR Denial Date:</b>	11/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: New Jersey  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 injured worker is a 49-year-old male who reported an injury on 11/26/2001 to an unspecified mechanism of injury. On 09/06/2012, he underwent an MRI of the lumbar spine which showed moderate central stenosis at the L3-4 with the thecal sac diameter measuring 6.3 mm, associated bilateral narrowing of the neural foramina at this level due to a broad disc bulge and posterior facet arthrosis with thickening of the ligamentum flavum, evidence of a laminectomy defect at the L4-5 on the left with bilateral narrowing of the neural foramina due to a broad posterior disc bulge and facet hypertrophy at this level, and a left posterior disc bulge at the L5-S1 which could affect the exiting left L5 nerve rootlet associated with narrowing of the left neural foramina. On 10/23/2014, the injured worker presented for a followup evaluation. It was stated that he was status post previous decompression and discectomy in 2002. It was stated that he had undergone a new updated MRI that demonstrated progressive stenosis with the thecal sac down to 7 mm at the L3-4, diastasis at the L3-4 facet joint, significant fluid within the joints consistent with instability on flexion and extension views at the L3-4, and recurrent stenosis at the L4-5. His medications included Vicodin, Norco 5/325 mg, and Norco 10/325 mg. A physical examination showed weakness; decreased sensation in the L3, L4, and L5; and hyporeflexia. It was stated that he had failed conservative treatment with medications, epidural steroid injections, physical therapy, and chiropractic care. The treatment plan was for the injured worker to undergo a posterior lumbar decompression and fusion with instrumentation. A request was made for a posterior lumbar decompression and fusion with instrumentation of the L3-S1, a bone growth

stimulator, a walker, and physical therapy 3x6. The Request for Authorization was signed on 11/06/2014.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Posterior lumbar decompression and fusion with instrumentation of the L3-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Fusion (spinal)

**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) Low Back, Discectomy and Fusion.

**Decision rationale:** The CAMTUS/ACOEM Guidelines state that decompression is usually done with laminotomy, standard discectomy, and laminectomy. Fusion is recommended for those with increased spinal instability after a surgical decompression. The Official Disability Guidelines recommend decompression when there is objective evidence on examination of radiculopathy corroborated with imaging studies. Additionally, the guidelines recommend a fusion when there is evidence of instability and after the injured worker has undergone a psychological evaluation. There is a lack of documentation showing that the injured worker has instability on MRI studies. While it was stated that the injured worker had a recent and new updated MRI, the official MRI was not provided for review to validate findings of instability. In addition, there is no evidence that the injured worker has undergone a psychological evaluation to support the requested fusion. In the absence of this information, the request would not be supported by the evidence based guidelines. As such, the request is not medically necessary.

#### **Post operative purchase: bone stimulator: 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, Bone Growth Stimulators (BGS)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Bone Growth Stimulators.

**Decision rationale:** The Official Disability Guidelines recommend bone growth stimulators as an adjunct to spinal fusion surgery for those with risk factors for failed fusion. As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

#### **Post-operative purchase: 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 (ODG)- Knee and Leg, Walking Aids (canes, crutches, braces, orthoses, and walkers)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Walking Aides.

**Decision rationale:** The Official Disability Guidelines state that a person's disability, pain, and age related impairments seem to determine the need for a walking aid. As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

**Post-operative physical therapy 3x6:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

**Decision rationale:** The CA Post-surgical Rehabilitation Guidelines recommend physical therapy for 34 visits over 16 weeks with an initial trial of half the allotted sessions. As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.