

<b>Case Number:</b>	CM14-0208186		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	02/18/2005
<b>Decision Date:</b>	02/23/2015	<b>UR Denial Date:</b>	11/10/2014
<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 61-year-old female who reported an injury on 02/18/2005, bent over to pick up an object and her back went out and she developed an acute onset of low back pain and leg numbness. The clinical note, dated 10/30/2014, noted injured worker complains of low back and leg pain. Injured worker had tried and failed conservative care to include physical therapy, epidural steroid injections, a TENS unit, chronic pain programs, braces, narcotics, muscle relaxants and prior back surgeries. Current medications included Lexapro, ramipril, Protonix, hydrochlorothiazide, ibuprofen, Norco, Flexeril and morphine sulfate. Examination of the lumbar spine noted no CVA tenderness, no tenderness to palpation of the spine; however, there was well healed scar and the injured worker was able to flex fingertips to proximal thigh. Injured worker is unable to extend to neutral, right and left lateral bending fingertips to proximal thigh. 2/4 deep tendon reflexes and 5/5 strength with intact sensation to the upper and lower extremities. CT scan of the lumbar spine revealed evidence of surgical intervention with multilevel degenerative changes, multilevel disc space collapse and an actual lumbar kyphosis and thoracic lordosis. There was a dorsal column stimulator in place. The diagnoses were status post L2-S1 posterior lumbar interbody fusion and internal derangement of the bilateral hips. The provider recommended an exploration fusion, removal of DCS, T10 to ilium, ponte osteotomies, L4 pedicle subtraction osteotomy an instrumentation and fusion. Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Exploration fusion, removal DCS, T10-iliu, ponte osteotomies, L4 pedicle subtraction osteotomy, instrumentation and fusion: Upheld**

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

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

**Decision rationale:** The request for exploration fusion, removal of DCS, T10 to ilium, ponte osteotomies, L4 pedicle subtraction osteotomy instrumentation and fusion is not medically necessary. The California MTUS Guidelines state that surgery may be indicated for patients with severe or disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies, preferably with accompanying objective signs of neural compromise, activity limitations due to radiating pain for more than 1 month or extreme progression of lower leg symptoms. There should be clear imaging and electrophysiologic evidence of a lesion that has been shown to benefit in both short and long term from surgical repair. There should be failure of conservative treatment to resolve disabling radicular symptoms. The clinical documentation does not show recent subjective complaints or objective findings. There is no detailed evidence of a multilevel neural compressive lesion or instability at levels requested. Psychosocial screening was not provided for review. As such, this request is not medically necessary.

**Associated surgical service: Assistant surgeon: 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.

**Associated surgical service: Inpatient hospital stay, 4 days: 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.

**Associated surgical service: Pre-op evaluation with surgeon: 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.

**Associated surgical service: Pre-op eval with primary treating physician:** 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.

**Associated surgical service: Pre-op lab; CBC including platelets:** 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.

**Associated surgical service: Pre-op lab; chem12:** 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.

**Associated surgical service: Pre-op lab; prothrombin time (PT):** 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.

**Associated surgical service: Pre-op lab; partial thromboplastin time (PTT):** 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.

**Associated surgical service: Pre-op lab: urinalysis (UA), with and without micro:** 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.

**Associated surgical service: Pre-op chest x-ray:** 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.

**Associated surgical service: Post-op x-ray: PA and lateral standing view C1-S1:** 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.

**Associated surgical service: EKG:** 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.

**Associated surgical service: X-ray of the spine; scoliosis that was done on 10/30/14:** 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.