

<b>Case Number:</b>	CM14-0208544		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	04/06/2011
<b>Decision Date:</b>	02/25/2015	<b>UR Denial Date:</b>	12/05/2014
<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: Texas  
 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 26-year-old male who reported an injury on 04/06/2011. The mechanism of injury was not clearly provided. The injured worker's diagnoses included lumbar disc bulge and lumbar radiculitis. The injured worker's past treatments included physical therapy, medication and injection. The injured worker's diagnostic testing included an MRI of the lumbar spine performed on 01/17/2014, read by [REDACTED], which was noted to reveal a 5 mm paracentral disc protrusion with an associated focal annular tear seen at L5-S1 which creates mild spinal canal stenosis and mild bilateral foraminal narrowing; otherwise unremarkable without significant disc bulge, central or foraminal stenosis noted. There were no relevant surgeries included in the documentation. On 10/24/2014, the injured worker followed up for persistent low back pain and radiating leg pain that prevents him from performing activities of daily living and work related activities. The documentation indicated flexion and extension were reviewed and confirmed that there was a vacuum sign and approximately 3 degrees of motion, as well as angular motion of approximately 15 degrees at the lumbosacral disc, and vacuum sign consistent with degenerative disc failure at the lumbosacral junction. Upon physical examination of the lumbar spine, the patient was noted with significant limitation in range of motion of the lumbar spine. He had tenderness to the lumbosacral joint. Focal motor testing demonstrated 5/5 strength in the bilateral lower extremities. Deep tendon reflexes were symmetric. The injured worker's current medications were not included in the documentation. The request was for lumbosacral fusion at L5-S1 with 2 to 3 day inpatient stay and postop physical therapy for the

lumbosacral, 12 sessions. The rationale for the request was not clearly provided. The Request for Authorization form was signed and submitted on 11/26/2014.

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

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

**Post-op Physical Therapy for the lumbar spine - 12 sessions:** Upheld

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

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

**Decision rationale:** The request for postop physical therapy for the lumbar spine - 12 sessions is not medically necessary. According to the California MTUS Postsurgical Rehabilitation Guidelines, if surgery is performed in the course of treatment for low back complaints, it may be recommended up to 34 visits over 16 weeks. However, the documentation does not provide sufficient evidence of a recent surgery or an upcoming approved surgery. As such, the request is not substantiated. Therefore, the request is not medically necessary.

**Lumbosacral fusion at L5-S1 with 2-3 day inpatient stay:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307.

**Decision rationale:** The request for lumbosacral fusion at L5-S1 with 2-3 day inpatient stay is not medically necessary. According to the California MTUS/ACOEM Guidelines, spinal fusion may be recommended in cases of trauma related spinal fracture or dislocation. Patients with increased spinal instability after surgical decompression at the level of degenerative spondylolisthesis may be candidates for fusion. There is no scientific evidence about the long term effectiveness of any form of surgical decompression or fusion for degenerative lumbar spondylosis compared with natural history, placebo or conservative treatment. The injured worker complained of persistent low back pain and radiating leg pain; however, the pain was not quantified. The documentation did not provide sufficient evidence of instability, or documented evidence of progressive collapse of a degenerative spinal segment. As such, the request is not supported. Therefore, the request for lumbosacral fusion at L5-S1 is not medically necessary. As the requested surgical procedure was not substantiated, the 2 to 3 day inpatient stay is not medically necessary.