

<b>Case Number:</b>	CM15-0007420		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	04/07/2010
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	01/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2015

### 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 York, New Hampshire, Washington  
 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 suffered a work related injury on 04/07/10. There are no physician notes available for review in the submitted records. On 01/06/15, the Claims Administrator non-certified additional physical therapy treatments and L4-5 discectomy and arthrodesis and L4-S1 posterior laminectomy and arthrodesis, fusion device once successful of vertebra, citing MTUS and ACOEM guidelines. The non-certified treatments were subsequently appealed for Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Six (6) additional sessions of PT - cervical spine and BUE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175-185.

**Decision rationale:** MTUS guidelines for additional cervical PT not met. There is no documentation of significant clinical improvement with previous physical therapy. Guidelines do not permit additional PT without documented improvement from prior session of PT.

**L4-5 discectomy and arthrodesis and L4-S1 posterior laminectomy and arthrodesis, fusion device once successful of vertebra:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Procedure Summary.

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

**Decision rationale:** MTUS guidelines do not support the need for lumbar fusion in this patient. There is no documented instability, fracture, or tumor. There are no red flags for spinal fusion surgery such as progressive neurologic deficit noted. Fusion surgery not needed.