

<b>Case Number:</b>	CM15-0018401		
<b>Date Assigned:</b>	03/05/2015	<b>Date of Injury:</b>	09/01/2010
<b>Decision Date:</b>	04/21/2015	<b>UR Denial Date:</b>	09/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2015

### 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: California  
 Certification(s)/Specialty: Pediatrics, Neurological 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 47-year-old male who reported an injury on 09/01/2010. The mechanism of injury involved repetitive heavy lifting. The current diagnoses include lumbar strain, lumbar radiculitis, lumbar disc extrusion, status post lumbar spine surgery, insomnia, anxiety, sexual dysfunction and possible side effect to medication. The injured worker presented on 01/21/2015 for a follow-up evaluation regarding persistent low back pain. The injured worker reported 8/10 low back pain. It was noted that the injured worker was status post NCV/EMG on 01/13/2015. Upon examination there was an antalgic gait, limited range of motion, positive straight leg raising bilaterally at 25 degrees, weakness and decreased sensation below the knees. Deep tendon reflexes were documented at 1+ bilaterally. Recommendations included a psychiatrist's evaluation and a urine toxicology screen. The injured worker was pending authorization for a second spine surgery. There was no Request for Authorization form submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pre-op lumbar CT scan:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Fusion (spinal).

**Decision rationale:** As the injured worker's surgical procedure has not been authorized the associated request is not medically necessary.

**Anterior & posterior lumbar fusion at L4-5, L5-S1:** 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): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Fusion (spinal).

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation is indicated for patients who have severe and disabling lower extremity symptoms; activity limitations for more than 1 month; clear clinical, imaging, and electrophysiologic evidence of a lesion; and a failure of conservative treatment. The Official Disability Guidelines state preoperative surgical indications for a spinal fusion should include the identification and treatment of all pain generators, the completion of all physical medicine and manual therapy interventions, documented instability upon x-ray or CT myelogram, spine pathology that is limited to 2 levels, and a psychosocial screening. In this case, it is noted that the injured worker is pending authorization for a second spinal surgery. However, there was no documentation of a recent attempt at any conservative management prior to the request for a second surgical procedure. There is no documentation of a psychosocial screening completed prior to the request for a lumbar fusion. There was no evidence of spinal instability upon flexion and extension view radiographs. Given the above, the injured worker does not meet criteria for the requested procedure. As such, the request is not medically necessary at this time.

**Pre-op clearance:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Fusion (spinal).

**Decision rationale:** As the injured worker's surgical procedure has not been authorized the associated request is not medically necessary.

**Assistant general surgeon:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Fusion (spinal).

**Decision rationale:** As the injured worker's surgical procedure has not been authorized the associated request is not medically necessary.