

<b>Case Number:</b>	CM15-0183784		
<b>Date Assigned:</b>	10/02/2015	<b>Date of Injury:</b>	05/16/2011
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	09/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2015

### 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, Montana  
Certification(s)/Specialty: 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 55 year old male, who sustained an industrial injury on 05-16-2011. Work status is not noted in received medical records. Medical records indicated that the injured worker is undergoing treatment for lumbago. Treatment and diagnostics to date has included Toradol injections, lumbar spine MRI, and medications. Medications have included Nalfon, Prevacid, Ondansetron, Cyclobenzaprine, Tramadol, Lunesta, Tylenol #4, Sumatriptan, Cymbalta, Norco, and Mentherm gel. After review of progress notes dated 06-17-2015 and 08-03-2015, the injured worker reported "constant severe pain in the low back" with radiation of pain into the lower extremities rated 8-9 out of 10. The treating physician noted that the lumbar spine MRI revealed "multilevel lumbar spondylosis at the levels of L2 to S1" and "disc protrusion and pathology at L5-S1 with annular tearing resulting in compromise of the neural structures". Objective findings included palpable paravertebral muscle tenderness with spasm to lumbar spine, guarded and restricted lumbar range of motion with radicular pain into the anterolateral thigh, anterior knee, anterolateral, posterior, and medial leg in an L4, L5, and S1 dermatomal pattern, and persistent difficulties with dragging his feet and foot drop. The request for authorization dated 09-01-2015 requested L4 through S1 and possibly L3-L4 posterior lumbar interbody fusion (PLIF), assistant surgeon, medical clearance with internist, and purchase of front wheeled walker, ice unit, bone stimulator, TLSO, and 3 in 1 commode. The Utilization Review with a decision date of 09-09-2015 non-certified the request for L4-S1 and possibly L3-L4 posterior lumbar interbody fusion (PLIF), front wheeled walker purchase, ice unit purchase, bone stimulator purchase, TLSO purchase, 3 in 1 commode purchase, medical clearance with an internist, inpatient stay x 3 days, and an assistant surgeon.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**L4-S1 and possibly L3-L4 posterior lumbar interbody fusion (PLIF) with instrumentation reduction of listhesis and junctional kyphotic deformity:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations.

**Decision rationale:** California MTUS guidelines do recommend spinal fusion for fracture, dislocation and instability. Documentation does not provide evidence of this. The California MTUS guidelines recommend lumbar surgery if there is severe persistent, debilitating lower extremity complaints, clear clinical and imaging evidence of a specific lesion corresponding to a nerve root or spinal cord level, corroborated by electrophysiological studies which is known to respond to surgical repair both in the near and long term. Documentation does not provide this evidence. The requested treatment: L4-S1 and possibly L3-L4 posterior lumbar interbody fusion (PLIF) with instrumentation reduction of listhesis and junctional kyphotic deformity Is NOT Medically necessary and appropriate.

**Front wheel walker purchase:** 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:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

**Bone Stimulator purchase:** 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:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

**TLSO purchase:** 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:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

**3-1 Commode purchase:** 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:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

**Medical clearance with an internist:** 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:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

**Inpatient stay x3 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:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

**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:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

**Ice Unit purchase:** 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:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.