

<b>Case Number:</b>	CM15-0206170		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	06/16/2014
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	09/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2015

### 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, California  
 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 44 year old male, who sustained an industrial injury on June 16, 2014. The initial symptoms reported by the injured worker are unknown. The injured worker was diagnosed as having lumbar stenosis with neurogenic claudication and lumbar disc displacement. Treatment to date has included diagnostic studies, surgery and medication. On April 12, 2015, an MRI of the lumbar spine showed moderate to severe disc height narrowing and moderate bilateral neural foraminal narrowing with postoperative changes. On June 9, 2015, the injured worker complained of lower back pain with radiation to the lower extremities, buttocks, thighs and calves. Physical examination revealed moderate discomfort on palpation in the midlumbar spine. She had back pain upon extension of 20 degrees. Lower extremity strength revealed left dorsiflexion and plantar flexion of four out of five. There was diminished light touch in the lateral shin and anterior foot in the bilateral lower extremities. Notes stated that the injured worker had a previous lumbar decompression at L4-L5 with retained stenosis. Treatment plan noted indicated a redo total facetectomy and discectomy bilaterally to address the radiculopathy and neurogenic claudications creating iatrogenic instability and fusion of L4-L5. On August 18, 2015, the injured worker complained of lower back and bilateral leg pain. Physical examination revealed tenderness in the lumbar musculature and in the lumbosacral junction. Moderate muscle spasms were palpable. Range of motion of the lumbar spine was noted to be diminished in all fields with increased pain. Straight leg raise test was positive bilaterally. He was noted to ambulate with a walker and hold most of his weight on movement with his upper extremities. The treatment plan included Dilaudid and Ambien medication. Notes stated these medications provide increased sleep for the injured worker. On September 23, 2015, utilization review denied a request for transforaminal lumbar interbody fusion L4-S1,

inpatient length of stay times three, assistant-PAC, Aspen LSO brace, Dilaudid 4mg #90 and Ambien 10mg #10.

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

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

#### **Transforaminal lumbar interbody fusion L4-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Activity. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lumbar fusion.

**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 these conditions. The provider relates his proposed operation of complete facetectomy will cause the patient to be unstable. The imaging does not provide evidence that complete facetectomy needs to be done. Thus a fusion is not needed. The requested treatment: Transforaminal lumbar interbody fusion L4-S1 is not medically necessary and appropriate.

#### **Associated surgical services: Length of Stay X 3 (inpatient): 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 services: Assistant-PAC: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

**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 services: Aspen LSO brace: 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.

**Dilaudid 4mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment, Opioids, pain treatment agreement, Opioids, screening for risk of addiction (tests), Opioids, specific drug list, Opioids.

**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.

**Ambien 10mg #10:** 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.