

<b>Case Number:</b>	CM15-0022991		
<b>Date Assigned:</b>	02/12/2015	<b>Date of Injury:</b>	10/17/2001
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	01/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2015

### 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: 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 48-year-old male who reported an injury on 10/17/2001 due to completing heavy duty automotive repairs while performing normal job duties as an automotive technician. The injured worker failed to respond to conservative treatments and ultimately underwent surgical intervention to include an L4-5 discectomy and fusion. The injured worker's extensive treatment history included physical therapy, a home exercise program, acupuncture, aquatic therapy, chiropractic care, epidural steroid injections, facet rhizotomies, the use of a TENS unit, the use of an H-wave unit, multiple medications and psychological support. The injured worker underwent an MRI of the lumbar spine on 11/12/2014 that indicated there was effusion at the L5-S1, a disc bulge at the L3-4, a disc bulge at the L4-5, and a disc bulge at the L5-S1. The injured worker was evaluated on 01/20/2015. It was documented that the injured worker complained of radicular pain in the bilateral lower extremities. Physical exam findings at that appointment were not provided. The injured worker's diagnoses included degenerative lumbar and lumbosacral disc disease, spinal stenosis of the lumbar spine, displaced lumbar intervertebral disc disease, and unspecified thoracic/lumbar neuritis/radiculitis. The injured worker's treatment plan included decompression and fusion at the L3-4 with reinstrumentation from the L3-5. A Request for Authorization was submitted on 01/20/2015 to support the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L3-4 decompression, fusion instrumentation removal L4-5, L3-5 re-instrumentation, L3-4 transforaminal lumbar inter body fusion, cage placement:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** The requested L3-4 decompression, fusion instrumentation removal L4-5, L3-5 re-instrumentation, L3-4 transforaminal lumbar interbody fusion, cage placement is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommend fusion surgery for injured workers who have significant radicular findings consistent with pathology identified on an imaging study that have failed to respond to conservative treatment. The clinical documentation submitted for review does indicate that the injured worker has failed to respond to conservative treatment. However, an updated examination of the patient providing significant radicular symptoms was not included with the submitted documentation. Additionally, the clinical documentation does not include a recent x-ray indicating stability at the L3-4 level. The clinical documentation does indicate that the injured worker has undergone cognitive behavioral therapy. The American College of Occupational and Environmental Medicine recommend psychological clearance prior to surgical intervention to the spine. As the injured worker has undergone cognitive behavioral therapy psychological clearance would be necessary to determine if the injured worker is able to participate in extensive postsurgical management. As such, the requested L3-4 decompression, fusion instrumentation removal L4-5, L3-5 re-instrumentation, L3-4 transforaminal lumbar interbody fusion, cage placement is not medically necessary or appropriate.

**Assistant surgeon:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

**EKG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

**BMP, CBC, PT, PTT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

**Chest X-ray:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

**Dispensed: back brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

**UA:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

**4 Day length of stay:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.