

<b>Case Number:</b>	CM15-0028184		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	11/22/2011
<b>Decision Date:</b>	05/08/2015	<b>UR Denial Date:</b>	01/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2015

### 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: Oregon, 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 48-year-old male who reported an injury on 11/22/2011. The mechanism of injury was not specifically stated. The current diagnoses include bilateral wrist pain, status post bilateral carpal tunnel release, chronic knee pain, status post right knee arthroscopy, chronic left knee pain, bilateral feet and ankle pain, lumbar degenerative disc disease with radiculitis, neck pain, and right shoulder pain. The latest physician progress report submitted for review is documented on 01/27/2015. The injured worker presented for a re-evaluation with complaints of low back, neck, wrist, and knee pain. It was noted that the injured worker previously underwent a surgical consultation for the low back; however, the surgical consultation report was not submitted for this review. It was noted that injured worker's requested surgery had been denied. The injured worker had been previously treated with acupuncture and medications. Upon examination, there was an antalgic gait, 5-/5 bilateral lower extremity strength, decreased sensation over the right medial lower leg, 2+ deep tendon reflexes, tenderness over the lumbar paraspinal muscles, increased pain with flexion and extension, and a positive straight leg raise. Recommendations at that time included continuation of the current medication regimen. There was no Request for Authorization form submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Inpatient hospital stay for 2 nights: 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.

**Posterior lumbar decompression and fusion at L4-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**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 injured workers 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, there was no documentation of an exhaustion of conservative management. There was also no documentation of spinal instability upon flexion and extension view radiographs. There were no official imaging studies provided for this review. There was no mention of a psychosocial screening completed prior to the request for a lumbar fusion. Given the above, the request is not medically appropriate at this time.

**Pre-op labs: CBC, BMP, PT, PTT, UA and chest X-ray: 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.