

<b>Case Number:</b>	CM15-0213094		
<b>Date Assigned:</b>	11/04/2015	<b>Date of Injury:</b>	02/09/2007
<b>Decision Date:</b>	12/16/2015	<b>UR Denial Date:</b>	10/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2015

### 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 65 year old female, who sustained an industrial injury on 2-9-07. The injured worker is diagnosed with lumbar pseudoarthrosis, lumbar herniated disc, lumbar stenosis and lumbar facet arthropathy. Her disability status is permanent and stationary; she is retired. Notes dated 8-21-15, 9-23-15 and 10-19-15 reveals the injured worker presented with complaints of constant low back pain described as stabbing that radiates to her hips bilaterally (left greater than right) with cramping in her legs bilaterally (left greater than right). She reports left leg weakness causing her to drag her foot at times. Prolonged standing, walking and sitting, bending and lifting, increases the pain. She also reports difficulty sleeping and averages 2-3 hours per night. Physical examinations dated 8-21-15, 9-23-15 and 10-19-15 revealed the lumbar spine is tender to palpation, indicating L5-S1 as her main source of pain. There is tenderness bilaterally at the sciatic notch. The lumbar spine range of motion is decreased. The right straight leg raise causes pain to the right knee and reflexes are diminished bilaterally. Per note dated 10-19-15, treatment to date has included water aerobics and exercising relieves pain from standing; right sacroiliac joint injections with moderate relief; lumbar interbody fusion; psychotherapy; chiropractic therapy (24 sessions) provided "substantial" relief; acupuncture (3 sessions) provided mild relief; medications-Zanaflex, Tramadol, Norco, Prilosec (4-2015), Pamelor (4-2015) aids in sleep and Ketoprofen cream, which reduces her pain from 8 out of 10 to 3 out of 10 for 2-3 hours and allows her to engage in and complete her exercise workouts and daily activities. Per physician note dated 10-19-15, diagnostic studies include lumbar spine MRI revealed degenerative disc disease and facet

arthropathy with retrolisthesis at T12-L1 and L1-L2 and grade I anterolisthesis L5-S1 and neural foraminal narrowing; bilateral lower extremities electrodiagnostic studies; lumbar spine CT scan revealed degenerative disc disease and facet arthropathy, canal stenosis, neural foraminal narrowing and vascular calcifications, and lumbar spine x-rays reveals multilevel fusion with anterior cages in place, no instability on flexion or extension and no hardware posteriorly. A request for authorization dated 10-19-15 for posterior exploration of fusion with potential revision fusion L5-S1 and other levels L2-S1 and associated surgical services, Pamelor 25 mg #30 and Omeprazole 20 mg #60 is denied, per Utilization Review letter dated 10-28-15.

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

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

#### **Posterior Exploration of Fusion with Potential Revision Fusion L5-S1 and other levels L2-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation ODG Low Back: Criteria for Lumbar Spinal Fusion.

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

**Decision rationale:** The California MTUS guidelines recommend lumbar surgery when the patient has had severe persistent, debilitating, lower extremity complaints referable to a specific nerve root or spinal cord level corroborated by clear imaging, clinical examination and electrophysiological studies. Documentation does not provide this evidence. The guidelines note the patient would have failed a trial of conservative therapy. The guidelines note the surgical repair proposed for the lesion must have evidence of efficacy both in the short and long term. California MTUS guidelines do recommend spinal fusion for fracture, dislocation and instability. Documentation does not provide evidence of these conditions. The requested treatment: Posterior Exploration of Fusion with Potential Revision Fusion L5-S1 and other levels L2-S1 is not medically necessary and appropriate.

#### **Pre-Op Medical Clearance: H&P: 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 Service: EKG: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape: Preoperative Testing.

**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 Service: Chest X-Ray:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape: Preoperative Testing.

**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 Service: Chem Panel:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape: Preoperative Testing.

**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 Service: CBC:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape: Preoperative Testing.

**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 Service: UA:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape: Preoperative Testing.

**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 Service: APTT/PT: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape: Preoperative Testing.

**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 Service: Type and Screen (lab): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape: Preoperative Testing.

**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.

**Omeprazole 20mg, #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**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.

**Pamelor 25mg, #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

**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.