

<b>Case Number:</b>	CM15-0032307		
<b>Date Assigned:</b>	02/25/2015	<b>Date of Injury:</b>	12/07/2011
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	01/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2015

### 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: 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 49-year-old female who reported an injury on 12/07/2011. The mechanism of injury was not specifically stated. The current diagnoses include cervical spine sprain, status post cervical epidural injection and facet steroid injection for the cervical spine, left shoulder strain, right wrist sprain, rule out carpal tunnel syndrome, rule out internal derangement of the left ankle, lumbar sprain with radiculopathy and intratendinous partial tear of the left supraspinatus tendon. The injured worker presented on 12/05/2014 for a follow-up evaluation. The injured worker presented with complaints of persistent low back and left shoulder pain with associated numbness, tingling and weakness in the bilateral legs and feet. Upon examination of the lumbar spine there was 20 degree flexion, 10 degree extension, 20 degree lateral bending, positive straight leg raise on the right at 45 degrees, positive straight leg raise on the left at 25 degrees, tightness and spasm in the lumbar paraspinal musculature, hypoesthesia in the anterolateral aspect of the foot and ankle, weakness of the great toes bilaterally and diminished Achilles reflexes bilaterally. It was noted that the injured worker had been recommended for a posterior lumbar interbody fusion at L4-S1 and was pending authorization. There was no Request for Authorization form submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Posterior lumbar interbody fusion at L4-5 and L5-S1 with a 3 day hospital stay: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines, 2015 online, Treatment of low back conditions.

**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), Hospital Length of Stay (LOS).

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation is indicated for patients 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 mention 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 is also no documentation of a psychosocial screening completed prior to the request for a lumbar fusion. Given the above, the request is not medically necessary.

**Associated surgical service: Commode: 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: 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.

**Associated Surgical Service - Front Wheeled Walker: 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.