

<b>Case Number:</b>	CM15-0041174		
<b>Date Assigned:</b>	03/11/2015	<b>Date of Injury:</b>	06/15/2005
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	02/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2015

### 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: Illinois, California, 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 65-year-old male who sustained an industrial injury on 6/15/05. Past medical history was positive for hypertension under treatment since 2003, high cholesterol, and asthma. Past surgical history included bilateral total knee replacements, and right thumb carpometacarpal joint arthroplasty. The 2/18/14 lumbar spine MRI impression documented significant multilevel degenerative changes with severe L4/5, moderate to severe L3/4, and moderate L2/3 central canal narrowing. There was multiple levels of significant neuroforaminal and subarticular narrowing with an annular fissure noted at the L5/S1 level. The 1/22/15 treating physician report cited continued low back and radiating pain. He was using a walker and losing his balance. He was becoming less ambulatory. There was evidence of L4/5 stenosis and spondylolisthesis with instability and motion on flexion and extension. Physical exam documented pain with extension and rotation, paraspinal spasms, 5/5 lower extremity strength, and tibialis anterior weakness. The diagnosis was lumbar spine disc degeneration, facet arthropathy, and degenerative spondylolisthesis with motion. Authorization was requested for laminectomy at L2/3 and L3/4 and posterior lumbar interbody fusion at L4/5 with 1 to 3 day inpatient stay and pre-operative clearance with another physician along with post-op hospital visits. The 2/9/15 utilization review certified the request for laminectomy at L2/3 and L3/4 and posterior lumbar interbody fusion at L4/5 with a 3-day inpatient stay and pre-operative clearance. An associated request for post-operative hospital visits was non-certified as post-op hospital visits would not be warranted following the inpatient stay.

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

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

**Postoperative hospital visits:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and Consultations, page(s) 127.

**Decision rationale:** The California MTUS guidelines do not provide specific recommendations for post-operative hospital visits with a consultant. The ACOEM guidelines support referral to a specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Guideline criteria have not been met. This injured worker has been authorized for a pre-operative clearance. There is no compelling reason presented to support the medical necessity of pre-authorization of a non-specific number of post-operative hospital visits with another physician. Therefore, this request is not medically necessary.