

<b>Case Number:</b>	CM15-0089440		
<b>Date Assigned:</b>	05/15/2015	<b>Date of Injury:</b>	09/19/2013
<b>Decision Date:</b>	06/15/2015	<b>UR Denial Date:</b>	04/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2015

### 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

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 42 year old male, who sustained an industrial injury on September 19, 2013. He reported slipping and falling with mid and low back pain radiating onto the lower extremities. The injured worker was diagnosed as having L4-L5 and L5-S1 disc degeneration, L4-L5 and L5-S1 stenosis, and bilateral lumbar radiculopathy. Treatment to date has included MRI, x-rays, physical therapy, acupuncture, electromyography (EMG)/nerve conduction velocity (NCV), and medication. Currently, the injured worker complains of ongoing low back pain radiating down both legs. The Primary Treating Physician's report dated March 17, 2015, noted acupuncture and physiotherapy worsened the injured worker's symptoms. An MRI from December 26, 2014, was noted to show severe disc space collapse L5-S1, a L4-L5 annular tear in the right foramen, moderate right L4 foraminal stenosis, moderate right L4-L5 lateral recess stenosis, and moderate right L5-S1 lateral recess stenosis. The injured worker's current medications were listed as Anaprox DS, Norco, and Tylenol with Codeine, Duexis, Tramadol, Lyrica, Restoril, and Aleve. Physical examination was noted to show palpable tenderness over the lower lumbar spine right paracentral region. The injured worker was noted to have seen two other surgeons that had recommended fusion at L5 to S1. The treatment plan was noted to include request for authorization for a right sided L4-L5 laminotomy and mesial facetectomy and a right L5-S1 laminotomy, facetectomy, and TLIF and PSIF at L5-S1, with a LSO brace, pneumatic intermittent compression device, post-operative physiotherapy, and pre-operative medical clearance and chest x-ray.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Right L4-5 & L5-S1 laminotomy facetectomy, L5-S1 transforaminal lumbar interbody fusion and posterior spinal instrumentation and fusion:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

**Decision rationale:** The California MTUS guidelines do recommend a spinal fusion for traumatic vertebral fracture, dislocation and instability. This patient has not had any of these events. The guidelines note that the efficacy of fusion in the absence of instability has not been proven. The requested treatment: Right L4-5 & L5-S1 laminotomy facetectomy, L5-S1 transforaminal lumbar interbody fusion and posterior spinal instrumentation and fusion are NOT Medically necessary and appropriate.

**Associated surgical service: Intra-operative spinal cord monitoring:** 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.

**Post-op Lumbar 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.

**Pre-op medical clearance:** 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: Assistant surgeon:** 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: Inpatient hospital stay x 2 days:** 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.

**Post-op Pneumatic intermittent compression device:** 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.

**Post-op Cold therapy unit rental x 30 days:** 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.

**Post-op physical therapy 3 x 6:** 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.

**Pre-op 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.