

<b>Case Number:</b>	CM14-0120697		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	07/17/2013
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	07/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2014

### 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. The expert reviewer is Board Certified in Neurological Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 male who sustained an injury on July 17, 13. The injured worker had prior injury in 08/10 for the cervical spine. On the date of injury, the injured worker was performing his normal occupation when he developed further neck pain and burning and tingling sensation in the upper extremities. The injured worker was managed with OxyContin for pain. Prior urine drug screen results were inconsistent for this medication. Other treatment included a course of physical therapy. The injured worker also saw a psychologist for anxiety and depression concurrent with his neck pain and low back pain due to chronic pain syndrome. The injured worker underwent anterior interbody fusion at C5-6 on February 26, 2014. Magnetic resonance image of the lumbar spine on April 23, 2014 noted disc desiccation at L4-5 and L5-S1 with mild spondylitic changes in 3mm disc protrusion contributing to abutment of the right L5 nerve root at L4-5 within the lateral recess. At L5-S1, there was abutment of the bilateral S1 nerve roots within the lateral recesses. The injured worker was seen by [REDACTED] on May 23, 2014 with continuing complaints of neck pain and low back pain. No substantial improvement with medications was noted. On physical examination, there was paraspinal spasms and tenderness in the lumbar spine with straight leg raise positive at 45 degrees. There was weakness at the extensor hallucis longus (EHL) tibialis anterior and gastrocnemius bilaterally. There was also sensory loss in a dermatomal distribution at the dorsum of the foot and lateral aspect of the foot. Doctor the record indicated that there was instability at L4-5 and L5-S1 on flexion/extension views. There were no independent radiographic records available for review noting this instability. The injured worker had CT the injured worker underwent further epidural steroid injections on June 25, 2014. As of July 07, 2014, symptoms remained unchanged. Physical examination findings continued to note weakness in the lower extremities at the EHL tibialis anterior and gastrocnemius. Clinical record on 08/11/14 again noted the injured worker

had dynamic instability at L4-5 and L5-S1 and had failed conservative treatment. The proposed anterior lumbar interbody fusion at L4-5 and L5-S1 with posterior decompression and laminotomy with the requested assistant surgeon internal medical clearance 24 post-operative physical therapy sessions off the shelf lumbar brace front wheeled walker two day injured worker stay home health evaluation and consult with orthopedic hand surgeon were denied by utilization review on July 25, 2014.

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

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

#### **Anterior Lumbar Interbody Fusion at L4-5 and L5-S1 with Posterior Decompression and Laminotomies: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288, 305, 306, 307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar and Thoracic (Acute and Chronic).

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

**Decision rationale:** Although the injured worker could be a reasonable surgical candidate for lumbar decompression due to nerve root contact at L4-5 and L5-S1 the imaging studies provided for review did not identify any substantial degenerative disc disease or motion segment instability that would support lumbar fusion procedures. There was no evidence of any contributory facet pathology that would require extensive facetectomy therefore destabilizing the lumbar segments at L4-5 and L5-S1. Radicular findings on physical examination have failed conservative treatment. However, there is no documentation of independent radiographic records showing instability at either L4-5 or L5-S1 on flexion/extension views as indicated by the treating provider. Given the lack of clinical documentation of instability and any pre-operative psychological evaluations ruling out any confounding issues that would possibly impact post-operative recovery, this reviewer would not have recommended this request as medically necessary.

#### **Assistant Surgeon: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (Centers for Medicare & Medicaid Services, Physician Fee Schedule Search, CPT Code 22630 [http://www.cms.hhs.gov/pfslookup/02\\_PFSsearch.asp](http://www.cms.hhs.gov/pfslookup/02_PFSsearch.asp)).

**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.

#### **Internal Medicine Clearance: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ("Surgery General Information and Ground Rules", California Official Medical Fee Schedule, 1999) edition, pages 92-93)".

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Pre-operative Testing, General.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

#### **24 Post-Operative Physical Therapy Sessions for the Lumbar Spine: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

#### **Off the shelf Lumbar Brace: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Back Brace, Post-operative.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

#### **Front-Wheeled Walker: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Walking aides.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**2 Day In-Patient Hospitalization:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar and Thoracic (Acute and Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Hospitalization.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Home Health Evaluation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar and Thoracic (Acute and Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Home Health.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Consultation with an Orthopedic Hand Surgeon:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

**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) Chapter 7, page(s) 132.

**Decision rationale:** In review of the clinical documentation submitted for review there is no clear indication regarding the need for orthopedic hand surgeon consultation. The injuries were limited to the neck and low back and it was unclear how an orthopedic hand surgeon would provide any additional information that would help delineate the course of treatment for neck and low back pain. Therefore this request would not be supported as medically necessary.