

<b>Case Number:</b>	CM14-0177720		
<b>Date Assigned:</b>	10/31/2014	<b>Date of Injury:</b>	07/29/2010
<b>Decision Date:</b>	12/08/2014	<b>UR Denial Date:</b>	10/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2014

### 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 Orthopedic Spinal 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 patient has chronic back pain. The patient had a previous fusion at L4-5. Neurophysiologic testing notes right L4 and left L5 radiculopathy. MRI the lumbar spine shows postoperative changes but no significant stenosis at any level. There are degenerative changes at L5-S1. The patient continues to complain of back and right leg pain. The patient does not improve with an external bone stimulator. Physical exam shows decreased range of motion lumbar spine. Motor strength is normal in the right leg and left leg. There is decreased slightly sensation. At issue is whether revision surgeries medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar spine fusion:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Procedure Summary

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS low back chapter pages 305 through 322

**Decision rationale:** This patient does not meet establish criteria for revision lumbar surgery. Specifically there is no documentation of failure fusion, or instability. There is no documentation of any red flag indicators for spinal fusion surgery such as fracture, tumor, preserve neurologic deficit. Also, there is no documentation of significant neurologic deficit. Criteria for revision surgery of the lumbar spine not met.

**Spine fusion extra segment:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Procedure Summary

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS low back chapter

**Decision rationale:** Since surgery is not medically necessary, then all other associated items are not needed.

**Insert spine fixation device:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Procedure Summary

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS low back chapter

**Decision rationale:** Since surgery is not medically necessary, then all other associated items are not needed.

**Assist surgeon to be done at Los Gatos El Camino Hospital inpatient length of stay two to four (2-4) days:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Procedure Summary

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS low back chapter pages 305 through 322

**Decision rationale:** Since surgery is not medically necessary, then all other associated items are not needed.