

<b>Case Number:</b>	CM14-0023691		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	03/23/2005
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	02/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2014

### 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 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:

This is a 65 year old male with a 3/23/05 date of injury. On that day, the patient experienced a significant flare-up of pain in his low back, which had been present off and on since a 1985 work-related car accident. The patient reported this flare-up and was referred for a course of conservative treatment which did not provide him any relief. In the initial evaluation dated 12/17/13, the patient continues to complain of low back pain with bilateral lower extremity radicular symptoms. The low back pain is constant and radiates to the right greater than left thigh as well as hip and groin. There is associated numbness and tingling. His prior lumbar laminectomy surgery on 7/9/09 did not provide him with any relief. Physical exam shows a well-healed midline lumbar incision and there is significant tenderness to palpation throughout the lumbar region. Standing flexion and extension ROM are severely restricted and guarded. There is radiculopathy in the lower extremities with generalized weakness. There is a left sided foot drop and significant quad weakness bilaterally. X-rays lumbar spine 12/17/13: midline decompression s/p laminectomy. Multilevel degenerative spondylosis/scoliosis. MRI lumbar spine 8/1/13: multilevel degenerative disc disease with rotoscoliosis and multilevel moderate to severe facet arthrosis. There is multi-level spondylolisthesis with accompanying disc protrusions, most severe at L2/3 where there is a 10X15 mm right paracentral extrusion. There is evidence of prior laminectomy. There is multilevel foraminal stenosis with nerve root abutment. CT myelogram 11/12/13: prior L3/4 laminectomy noted. Multilevel degenerative disc disease, herniation, and spondylolisthesis. Diagnostic impression: multilevel lumbar disc herniation, spondylolisthesis, and spinal instability, and central canal stenosis. Prior treatments: 7/9/09 total laminectomy at L2/3 and L5/S1 with lateral recess resection at L2/3, L3/4, and L4/5. Also physical therapy, prior epidural spinal injections, and medication management. A UR decision on 2/13/14 modified the request for "L1 TO S1 Posterior Lumbar Interbody Fusion with

Instrumentation, Neural Decompression and Iliac Crest Marrow Aspiration/Harvesting, Possible Junctional Levels" by excluding the "Possible Junctional Levels" portion, stating that it is standard practice to define treatment levels for surgery, including junctional levels. A UR decision on 2/13/14 denied the request for an ice unit on the basis that only three poor quality studies support its use. A UR decision on 2/13/13 denied the request for a 3-in-1 commode on the basis that there are no indications or safety limitations which would require the use of a commode or specialized device for use in the bathroom.

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

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

#### **L1 TO S1 POSTERIOR LUMBAR INTERBODY FUSION WITH INSTRUMENTATION, NEURAL DECOMPRESSION AND ILIAC CREST MARROW ASPIRATION/HARVESTING, POSSIBLE JUNCTIONAL LEVELS: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter.

**Decision rationale:** CA MTUS states that there is no good evidence from controlled trials that spinal fusion alone is effective for treating any type of acute low back problem, in the absence of spinal fracture, dislocation, or spondylolisthesis if there is instability and motion in the segment operated on. Patients with increased spinal instability (not work related) after surgical decompression at the level of degenerative spondylolisthesis may be candidates for fusion. In the present case, although the proposed fusion from L1-S1 appears justified and was approved in a prior UR decision, there is no clarification on the specific junctional levels proposed. The proposed junctional levels need to be clarified with supporting documentation, or removed entirely, for the procedure as a whole to be certified. Therefore, the request for "L1 TO S1 Posterior Lumbar Interbody Fusion with Instrumentation, Neural Decompression and Iliac Crest Marrow Aspiration/Harvesting, Possible Junctional Levels" is not medically necessary.

#### **DURABLE MEDICAL EQUIPMENT PURCHASE ICE UNIT: Upheld**

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

**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.

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

**DURABLE MEDICAL EQUIPMENT PURCHASE: THREE AND ONE COMMODE:**  
Upheld

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

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

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