

<b>Case Number:</b>	CM15-0110301		
<b>Date Assigned:</b>	06/16/2015	<b>Date of Injury:</b>	11/15/2012
<b>Decision Date:</b>	07/16/2015	<b>UR Denial Date:</b>	06/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/08/2015

### 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 51 year old female patient who sustained an industrial injury on 11/15/2012. The worker was employed as a correctional officer guard who last worked 06/26/2013. The accident was described as while working sitting in a rolling chair, the chair rolled causing the worker to fall backwards onto her buttock with immediate onset of back and leg pain. A primary treating office visit dated 12/04/2014 reported the patient with subjective complaint of having ongoing lower back pain. She was diagnosed with lumbar disc disease without myelopathy. The plan of care noted the patient to continue with lumbar stretching, range of motion exercises, with heat to lower back daily. She is to be seen again under consultation regarding treatment decisions, and continue with current medications. She underwent a neurological evaluation on 01/14/2015 to include nerve conduction studies that revealed no evidence of nerve injury, nerve conduction studies of electromyograms. The impression found the patient with low back pain with intermittent radicular pain down the legs. The patient is retired.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**AGR decompression, disectomy interbody fusion at L5-S1 quantity 1.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-7.

**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. Documentation does not provide evidence of instability. The guidelines note that the efficacy of fusion in the absence of instability has not been proven. Therefore, the request for AGR decompression, discectomy interbody fusion at L5-S1 quantity 1.00 is not medically necessary and appropriate.

**Associated surgical service: Discography L3-4 quantity 1.00:** 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).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-9.

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

**Associated surgical service: Discography L4-5 quantity 1.00:** 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).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-9.

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

**Norco 10/325mg quantity 90.00:** 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.