

<b>Case Number:</b>	CM15-0174108		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	10/07/2005
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	08/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2015

### 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, Montana

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 62-year-old female, who sustained an industrial injury on 10-7-05. The injured worker is being treated for lumbar sprain-strain, lumbar paraspinal muscle spasms, lumbar disc herniation, lumbar radiculitis-radiculopathy of bilateral lower extremities, and sacroiliitis of right sacroiliac joint and chronic pain. (MRI) magnetic resonance imaging of lumbar spine performed on 1-27-15 revealed grade I retrolisthesis of L4 on L5 and L3 on L4, mild disc desiccation at T12-L1 down to L5-S1 with mild associated loss of disc height at L1-2 down to L4-5; broad based disc herniation T12-L1; diffuse disc herniation at L1-2, L2-3, L3-4, L4-5 and L5-S1. Treatment to date has included cane for ambulation, oral medications including Wellbutrin, Gabapentin, Norco and Klonopin; topical Lidoderm patches, pain management and activity modifications. On 7-8-15 and 8-12-15, the injured worker complains of continued low back pain with radiating symptoms down the leg, she feels her leg gives and ambulates with an assistive device. She is currently not working. Physical exam performed on 7-8-15 and 8-12-15 revealed paraspinal lumbar musculature tenderness to palpation and increased pain with range of motion along with lumbar paraspinal spasm and sciatic notch tenderness; decreased sensation to light touch is also noted. The treatment plan included recommendation for spinal decompression and possible fusion. On 8-24-15 request for posterior decompression and fusion, instrumentation, iliac crest and bone graft L4-5 L5-S1, pre-op exam, EKG, urine dipstick, chest x-ray and labs were non-certified by utilization review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Posterior lumbar decompressions and fusion, instrumentation iliac crest and bone graft at L4-5, L5-S1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations.

**Decision rationale:** The California MTUS guidelines recommend lumbar surgery if there are severe persistent, debilitating lower extremity complaints, clear clinical and imaging evidence of a specific lesion corresponding to a nerve root or spinal cord level, corroborated by electrophysiological studies, which is known to respond to surgical repair both in the near and long term. Documentation does not provide this evidence. California MTUS guidelines do recommend spinal fusion for fracture, dislocation and instability. Documentation does not provide evidence of presence of instability, fracture or dislocation. The requested treatment is not medically necessary and appropriate.

**Pre-op Exam:** 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: EKG:** 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: Urine dipstick:** 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: 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.

**Associated surgical service: Labs PT/PTT:** 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: Labs CBC:** 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: Labs CMP:** 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.