

<b>Case Number:</b>	CM15-0178755		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	06/30/2004
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	08/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2015

### 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 64-year-old male, who sustained an industrial injury on 6-30-2004. The injured worker is undergoing treatment for cauda equine syndrome without neurogenic bladder, lumbar intervertebral disc displacement without myelopathy, lumbar or lumbosacral intervertebral disc degeneration, and spinal stenosis of lumbar, neuralgia, neuritis and radiculitis. On 3-11-15, he reported low back and left upper extremity pain rated 6 out of 10. "Therapeutic treatment sessions" are reported to not have been long lasting. On 6-10-15, he reported low back and left upper extremity pain rated 7 out of 10. Physical examination revealed decreased lumbar spine range of motion, antalgic gait, positive straight leg testing, and no assistive ambulation device used. On 8-31-15, he reported that his overall pain was 8 out of 10 for lumbar spine with radiation to the lower extremities and left upper extremity. He also reported decreased sensation in the lower extremities and having some voiding difficulties. Physical examination revealed loss of sensation over the L3, L4, L5 and S1 dermatomes of the bilateral lower extremities, and limited lumbar range of motion. The treatment and diagnostic testing to date has included magnetic resonance imaging of the lumbar spine (3-31-15) reported to reveal "multilevel discogenic degenerative changes throughout the lumbar spine superimposed on post-operative changes in L5-S1. Variable disc bulge, disc herniations are evident, most prominently involving the L2-3 level, with a large right paracentral disc protrusion measuring 9mm, which essentially effaces the right hemi-canal and right sub-foraminal recesses. Moderate central spinal stenosis at L3-4 and L4-5"; lumbar laminectomy (2006), fusion at L5-S1 (2008), lumbar epidurals are reported to have given transient relief. Medications have included Tylenol, Norco, and

Neurontin. Current work status is unclear. The request for authorization is for: 2 day inpatient stay; L2-L4 PSF-PSI; L2-L4 TLIF; post-operative Diazepam 5mg quantity 100; post-operative DME purchase of one box island bandage; post-operative DME purchase of external bone growth stimulator; post-operative DME purchase of lumbar brace; post-operative outpatient physical therapy (3x6); post-operative Percocet 10-325mg, #100; and Surgical assistant. The UR dated 8-12-2015: non-certified the requests for 2 day inpatient stay; L2-L4 PSF-PSI; L2-L4 TLIF; post-operative Diazepam 5mg, #100; post-operative DME purchase of one box island bandage; post-operative DME purchase of external bone growth stimulator; post-operative DME purchase of lumbar brace; post-operative outpatient physical therapy (3x6); post-operative Percocet 10-325mg, #100; and Surgical assistant.

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

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

#### **L2-L4 TLIF: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** The California MTUS guidelines do recommend spinal fusion for fracture, dislocation and instability. In this case, the documentation does not provide evidence of this. The requested treatment is not medically necessary and appropriate.

#### **L2-L4 PSF/PSI: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** The California MTUS guidelines do recommend spinal fusion for fracture, dislocation and instability. In this case, the documentation does not provide evidence of this. The requested treatment is not medically necessary and appropriate.

#### **Surgical Assistant: 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.

**Post op lumbar brace (purchase):** 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.

**Post op external growth stimulator:** 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.

**Two day inpatient stay:** 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.

**Post op physical therapy, 3 times a week for 6 weeks, as an outpatient:** 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.

**Post op island bandage (1-box, purchase):** 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.

**Post op Percocet 10/325mg, #100:** 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.

**Post op Diazepam 5mg, #100:** 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.