

<b>Case Number:</b>	CM14-0140220		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	03/20/2012
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	08/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/29/2014

### 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 Spine Surgeon and is licensed to practice in Texas. 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 injured worker is a 39-year-old male who reported an injury on 03/20/2012 after being struck by a motor vehicle. The injured worker reportedly sustained an injury to multiple body parts to include the lumbar spine. The injured worker's treatment history included physical therapy, radiofrequency ablation, multiple medications, and epidural steroid injections. The injured worker underwent a computed tomography scan of the lumbar spine on 05/07/2014 that documented there was a disc protrusion at the L5-S1 with degenerative changes of the facet joint with mild narrowing of the neural foramen bilaterally. The injured worker was evaluated on 07/21/2014. It was documented that the injured worker had failed to respond to conservative treatments. The medications included Norco, Motrin, and Prilosec. The physical findings included normal motor strength of the lower extremities and no significant evidence of weakness with walking on heels or toes. The injured worker's diagnoses included left sacroiliac joint dysfunction, status post right cubital tunnel release, L5-S1 degenerative disc displacement, right cubital tunnel syndrome, left L3 radiculopathy, pelvic fracture, right wrist contusion, and left knee contusion. Surgical intervention with associated postoperative care was requested. A Request for Authorization form dated 07/21/2014 was submitted to support the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L5-S1 Posterior spinal instrumentation and fusion: 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): 307.

**Decision rationale:** The requested L5-S1 posterior spinal instrumentation and fusion is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends fusion surgery for patients who have clinically evident radiculopathy consistent with pathology identified on an imaging study and evidence of significant instability that requires stabilization. The clinical documentation submitted for review does not provide any physical evidence of radiculopathy upon examination. There was no evidence of significant instability in the imaging studies provided. Furthermore, the American College of Occupational and Environmental Medicine recommends a psychological evaluation prior to spine surgery. There is no documentation of a psychological evaluation to support that the patient is an appropriate candidate for fusion surgery. As such, the requested L5-S1 posterior spinal instrumentation and fusion is not medically necessary or appropriate.

**Lumbar LSO:** Upheld

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

**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.

**Front wheel walker:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back; Knee & Leg

**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.

**Cold therapy unit and DVT unit:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back; Knee & Leg

**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.