

Case Number:	CM13-0005689		
Date Assigned:	01/10/2014	Date of Injury:	05/02/2003
Decision Date:	04/29/2014	UR Denial Date:	07/10/2013
Priority:	Standard	Application Received:	08/01/2013

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:

The patient is a 65 year old female who was injured on 05/02/2013. She sustained an injury when she tripped and fell over a wastebasket. Prior treatment history has included chiropractic manipulation, physical therapy, medications, and epidural injections. The patient underwent right knee replacement surgery in 2005. MRI of the lumbar spine without contrast dated 04/03/2013 revealed extensive multilevel spondylosis with multilevel severe facet arthrosis; and multilevel central canal stenosis, severe at L4-5 and moderate at other levels including L1-2 through L3-4 and L5-S1. A pattern of central canal stenosis is similar to prior study. The degree of neural foraminal narrowing may have slightly progressed at L4-5. MRI/HF of the lumbar spine without contrast revealed worsening degenerative changes of the lumbar spine with increasing severity of reversed S-shaped thoracolumbar curvature. There is some degree of mild worsening at essentially all levels. There is increasing inferior extrusion of disc material with resultant mild spinal stenosis at L1-L2. There is moderate spinal stenosis L2-L3 and L3-L4 with severe spinal stenosis at L4-5; Also, increasing compromise of the right lateral recess at L5-S1. Consultation for back and leg pain note dated 06/17/2013 indicated the patient has a significant amount of back pain with radiation of pain to the lower extremities, buttocks, thigh and calf, right greater than the left. The pain is moderate to severe. She rates it as 7-8/10. Objective findings on exam revealed motor strength 4/5 for right dorsiflexion, 5/5 on the left; 5/5 strength bilaterally for iliopsoas, quadriceps, plantar flexors, and extensor hallucis longi. No atrophy was noted. On neurological examination, she has diminished perception of light touch in the right lateral shin and anterior foot; Deep tendon reflexes are 2+ bilaterally for quadriceps; ankle jerks, right absent, left 2+. The pathological reflexes revealed absent clonus and Hoffmann, and toes down going bilaterally. There is severe tenderness on palpation of the mid lumbar spine. There is normal range of motion in flexion, extension, and lateral rotation, both right and left. The

straight leg testing was negative bilaterally. The patient is diagnosed with 1) Lumbar stenosis; 2) Lumbar spondylolisthesis; and 3) Lumbar neurogenic claudicating. The patient has severe stenosis, worse at L4-5, L5-S1, with spondylosis and spondylolisthesis. There is progressive neurogenic claudicating and radiculopathy. The symptoms have not improved with limitations of activity, physical therapy, chronic pain management, and multiple lumbar injections. The patient will require decompression L4-5, L5-S1, bilateral total facetectomy and discectomy, and addressing spondylolisthesis. There is a high likelihood of instability iatrogenic due to requirement of total facetectomy and therefore fusion at these levels is recommended to address stability and maximize nerve root decompression. Re-evaluation letter/note from the office of [REDACTED] dated 11/25/2013 indicated that the physician performed surgery on 10/08/2013, following which the examinee has had improvement including less cramping of the legs and less pain in the going, but the patient says that the surgery has not helped back pain as much. The examinee is of the understanding that she will need a larger surgery, but the doctor will not perform the surgery until she loses at least 60 pounds (she has lost 15 pounds so far). Additionally, the physician recommended replacement of the left knee prior to back surgery, and the examinee prefers to have her left knee replacement done first. The examinee states that she has low back pain most of the time, more on the right side of the low back, with radiation to the right buttock and right thigh as far as the knee, less commonly to the calf on the right. The pain seems to be greater at night when in bed or with activity. [REDACTED]

IMR ISSUES, DECISIONS AND RATIONALES

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

SURGICAL ASSISTANT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.bcbsnc.com>.

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

Decision rationale: The medical records do not establish the proposed spinal surgery is medically necessary. Therefore, consideration of assistant surgeon is not warranted. Recommendation is to non-certify.

THREE DAY HOSPITAL STAY: 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), Low Back, and Hospital length of stay (LOS).

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, and Hospital length of stay (LOS).

Decision rationale: The medical records do not establish the proposed spinal surgery is medically necessary. Therefore, consideration of hospital stay is not warranted. The request is non-certified.

DECOMPRESSION L4-L5, BILATERAL TOTAL FACETECTOMY AND DISCECTOMY, AND ADDRESSING SPONDYLOLISTHESIS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 308-310.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines .

Decision rationale: The patient underwent a follow-up Medical Examination on 11/25/2013, at which time it was documented that the patient had recently undergone a lumbar surgery in October 2013. The medical records do not specify the procedure that was performed at that time. According to the AME report, the patient acknowledged improved pain level and symptoms since undergoing the lumbar surgery. She was under the impression that additional more complex lumbar procedure had been recommended by her surgeon; however the patient expressed the desire to lose 60 pounds and undergo left knee replacement surgery prior to any further surgical interventions of the lumbar spine. The medical records do not provide detailed documentation of the patient's postoperative course of treatment following the procedure in October 2013. Also, current imaging detailing a surgical lesion has not been provided. Consequently, the medical records do not establish the patient is a candidate for the proposed lumbar surgery. Recommendation is to non-certify the request.

LSO LUMBAR BRACE: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: The medical records do not establish the proposed spinal surgery is medically necessary. Therefore, consideration of LSO lumbar brace is not warranted, and so the request is non-certified.

EXTERNAL BONE GROWTH STIMULATOR: 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), Low Back; Lumbar Supports.

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, Bone growth stimulators (BGS).

Decision rationale: According to the Official Disability Guidelines, bone growth stimulator for the lumbar spine is currently under study. The medical records have not established that the proposed lumbar surgery is indicated. Consequently, consideration for a bone growth stimulator is not warranted, and is recommended as noncertified.