

Case Number:	CM13-0038559		
Date Assigned:	12/18/2013	Date of Injury:	06/24/2010
Decision Date:	02/28/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/25/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopaedic 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 physician 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 53-year-old male who reported injury on 06/24/2010. The mechanism of injury was not provided. The patient was noted to undergo a left-sided decompressive lumbar laminectomy with a takedown of the pars interarticularis, extensive and facetectomy with decompression and exploration of L5 and S1 nerve roots on 03/25/2013. The patient was noted to have left leg pain and back pain. The patient was noted to have radiculopathy on the left side predominantly. The patient's forward flexion was 30 degrees in extension, 10 degrees limited by pain. The patient was noted to have weakness of the left ankle dorsiflexors and left EHL which were estimated 1/5. The remaining motor testing was noted to be grossly intact. Reflexes in the left quad were slightly diminished compared to the right. Achilles reflexes were noted to be diminished. The patient was noted to have undergone selective nerve root blocks following the left L5 nerve root which confirmed that as the pain generator. The patient was note to have developed a significant collapse and retrolisthesis at the L5-S1 segment. Per the MRI dated 09/06/2013, the patient was noted to have persistent moderately severe disc related foraminal stenosis at L5 to S1 and persistent bilateral foraminal stenosis at L4-5. The patient was noted to have persistent disc related bilateral foraminal stenosis with compression of the exiting L5 nerve root at L5-S1. The patient's diagnoses were noted to be stenosis, disc herniation, sciatica, and lumbosacral strain/sprain. The request was made for an anterior L5-S1 lumbar interbody fusion with new instrumentation, posterior left far lateral L5-S1 lumbar laminectomy with an assistant surgeon and a co-vascular surgeon, preoperative consultation, lumbar brace, hot and cold therapy unit, and an inpatient stay of 3 to 4 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior L5-S1 lumbar interbody fusion with new instrumentation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306-307.

Decision rationale: ACOEM Guidelines indicate that spinal fusions are reserved for patients who have increased stability after surgical decompression at the level of degenerative spondylolisthesis. The clinical documentation submitted for review indicated the patient had prior surgery at the requested level. The patient was noted to have left leg pain and back pain. The patient was noted to have ongoing radicular symptoms. The patient was noted to have radiculopathy on the left side predominantly. The patient's forward flexion was 30 degrees in extension, 10 degrees limited by pain. The patient was noted to have weakness of the left ankle dorsiflexors and left EHL which were estimated 1/5. The remaining motor testing was noted to be grossly intact. Reflexes in the left quad were slightly diminished compared to the right. Achilles reflexes were noted to be diminished. The patient was noted to have undergone selective nerve root blocks following the left L5 nerve root which confirmed that as the pain generator. Per the MRI dated 09/06/2013, the patient was noted to have persistent moderately severe disc related foraminal stenosis at L5 to S1 and persistent bilateral foraminal stenosis at L4-5. The patient was noted to have persistent disc related bilateral foraminal stenosis with compression of the exiting L5 nerve root at L5-S1. The patient's MRI however failed to indicate that he had an annular tear or disc desiccation to support an anterior fusion. Given the above and the indication per the MRI, the request for the anterior L5-S1 lumbar interbody fusion with new instrumentation is not medically necessary.

Posterior (l) far lateral L5-S1 lumbar laminectomy: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306-307.

Decision rationale: ACOEM Guidelines indicate that a lumbosacral nerve decompression, laminectomy is recommended for patients with nerve root compression. Per the MRI dated 09/06/2013, the patient was noted to have persistent disc related foraminal stenosis with compression of the exiting L5 nerve root. The patient was noted to have radicular findings upon examination including weakness of the left ankle dorsiflexors and left EHL which were estimated 1/5. The reflex in the left quad was noted to be slightly diminished and the Achilles reflexes were diminished. Given the above, the request for posterior (l) far lateral L5-S1 lumbar laminectomy is medically necessary.

Assistant surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 2011 Physicians as assistants at Surgery

Decision rationale: Per the 2011 Physicians as assistants at surgery, an assistant is always recommended. The clinical documentation submitted for review supported the necessity for the requested surgery. The request for a co-surgeon would be medically necessary. Per the submitted request, the type of assistant was not specified. Additionally, there was a request for a co-vascular surgeon, which could be medically necessary, as such, this request is duplicative, due to the lack of indication as to what type of assistant, and is not medically necessary.

Co-Vascular surgeon: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 2011 Physicians as assistants at Surgery

Decision rationale: Per the 2011 Physicians as assistants at surgery, an assistant is always recommended. The clinical documentation submitted for review supported the requested surgery. Given the above, the request for a co-vascular surgeon is medically necessary.

Pre-operative consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.choosingwisely.org/?s=preoperative+surgical+clearance&submit=>

Decision rationale: Per the Society of General Internal Medicine Online, "Preoperative assessment is expected before all surgical procedures." The clinical documentation submitted for review supported the requested surgery. As such, the request for preoperative consultation would be medically necessary.

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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Back Brace, postoperative

Decision rationale: Official Disability Guidelines indicate that the use of a postoperative back brace is under study. The clinical documentation submitted for review indicated the patient would be undergoing a single level fusion. There was a lack of documentation indicating the rationale for a back brace for a single level fusion. Given the above, the request for lumbar brace is not medically necessary.

Hot/cold therapy unit with wrap (purchase): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298.

Decision rationale: ACOEM guidelines indicate that at-home local applications of cold in first few days of acute complaint are appropriate and thereafter, applications of heat or cold. There was a lack of documentation indicating the necessity for purchase of a hot/cold unit versus the application of hot and cold packs. Given the above, the request for hot/cold therapy unit with wrap (purchase) is not medically necessary.

In-patient hospital stay - three (3) to four (4) days: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 Chapter, Hospital Length of Stay

Decision rationale: Official Disability Guidelines recommends a hospital length of stay for a fusion of 3 days. The requested surgery was approved. The clinical documentation submitted for review indicated that the patient had the necessity for the surgery; however, there was a lack of documentation indicating the patient had a necessity for a 4 day stay as guideline recommendations are for a 3 day stay. The request as submitted for a 3 to 4 day hospital stay is not medically necessary.