MAXIMUS Federal Services

Case Number:	CM13-0050516		
Date Assigned:	12/27/2013	Date of Injury:	09/25/2004
Decision Date:	06/03/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/13/2013

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 Neurosurgery, 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 injured worker is a 50 year old male whose date of injury is 09/25/04 when he was picking up [redacted] crates and felt a pop in his back. This was aggravated when he was pulling a pallet jack with laundry detergent. He is status post multiple surgeries including fusion L3-S1. Current medications include HCTZ; lisinopril; Lyrica; morphine sulfate ER; Motrin; Oxycodone; and Lidoderm patch. The injured worker continues with low back pain with radiation down both legs. CT of the lumbar spine dated 05/29/13 revealed postsurgical changes from a posterior spinal fusion, lumbar interbody fusion, and bilateral posterolateral fusion at L3-4, L4-5 and L5-S1, and there is solid interbody fusion and solid bilateral posterolateral fusion at each of these levels. There is no evidence for a pseudoarthrosis. There is adjacent level degeneration at the level above the fusion at L2-3 where there is degenerative disc disease resulting in a 3mm retrolisthesis of L2 on L3, moderate spinal canal stenosis, moderate narrowing of both lateral recesses, and mild bilateral neural foraminal narrowing, which have developed since prior MRI on 08/21/09. The injured worker was seen on 09/06/13 with chief complaint of back pain and left worse than right leg pain. He has antalgic gait; deep tendon reflexes 1+ at the bilateral knees and ankles; strength breaks away at each level. Prior treatment has included epidural steroid injection with 2-3 months of relief; physical therapy; medications; and activity modification.

IMR ISSUES, DECISIONS AND RATIONALES

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

L2-S1 PSF WITH TLIF AT L3-L4 ON THE LEFT SIDE: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

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, FUSION (SPINAL).

Decision rationale: The injured worker has a history of 5 previous surgeries to the lumbar spine, and is status post lumbar fusion L3-S1. Despite some improvement with conservative measures including physical therapy and epidural steroid injections, the injured worker has remained symptomatic. He has objective findings of adjacent segment disease at L2-3, one level above the previous fusion. This is a known sequelae of lumbar fusion surgery. While there is no evidence of motion segment instability, there is disc space collapse and vacuum disc phenomenon at L2-3, with 3mm retrolisthesis of L2 on L3. The proposed surgical procedure is indicated per ODG criteria for revision surgery as well as for primary mechanical back pain/functional spinal unit failure with progressive degenerative changes, loss of height, disc loading capability. As such, surgical intervention is indicated as medically necessary.

4 DAYS INPATIENT SURGERY: 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 OFFICIAL DISABILITY GUIDELINES (ODG) LOW BACK CHAPTER, HOSPITAL LENGTH OF STAY (LOS).

Decision rationale: As noted above, surgical intervention is medically necessary. Per ODG, best practice target for posterior and lateral lumbar fusion is 3 days; however, given the extensive nature of the proposed surgical procedure, a 4-day inpatient stay is reasonable and medically necessary.

ASSISTANT 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 OTHER MEDICAL TREATMENT GUIDELINE OR MEDICAL EVIDENCE: PHYSICIANS AS ASSISTANTS AT SURGERY: 2011 STUDY.

Decision rationale: The injured worker is a candidate for revision lumbar spine fusion surgery. The 2011 study, Physicians as Assistants at Surgery, notes that arthrodesis, posterior or posterolateral technique, "almost always" requires assistant at surgery. Request is medically necessary.