

Case Number:	CM13-0056090		
Date Assigned:	02/26/2014	Date of Injury:	09/04/2012
Decision Date:	05/27/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/21/2013

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, has a subspecialty in Orthopedic Spine Surgery; and is licensed to practice in New York. 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 has chronic shoulder neck and low back pain. An MRI of the lumbar spine from March 2013 reveals L5-S1 mild disc desiccation. There is minimal spondylolisthesis at L5-S1. There is a 4 mm disc protrusion. There is no significant canal stenosis. Examination shows tenderness to palpation of the lumbosacral junction and the iliac crest. There is a decreased range of motion of the back. There is no documentation neurologic deficit in the lower extremities. An x-ray of the lumbar spine reveals grade 1 spondylolisthesis at L5-S1. Flexion-extension views show accentuate she and of the deformity and flexion and correction extension. The medical records indicate that the patient has failed conservative measures. The provider has recommended surgical intervention for the lumbar spine

IMR ISSUES, DECISIONS AND RATIONALES

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

A 3-5 INPATIENT HOSPITAL STAY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Low Back Procedure Summary.

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 Procedure Summary.

Decision rationale: The Official Disability Guidelines recommends 3 days of hospital inpatient stay after lumbar fusion. A surgery at L5-S1 has been approved. Three (3) days of hospital stay is all that is necessary after surgery. Anything over 3 days is not recommended and does not meet criteria for hospital stay length after anterior lumbar interbody fusion (ALIF) surgery.

A CO-SURGEON: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Milliman Care Guidelines.

Decision rationale: The American Association of Orthopedic Surgeon notes that the first assistant is to aid in exposure, hemostasis and other correctional functions that help the surgeon carryout a safe operation. In this case, the patient has been authorized for a vascular surgeon. The need for additional co-surgeon is not evident in this routine operation. A L5-S1 anterior lumbar fusion is a rather routine operation and can be safely performed with a single spinal surgeon and a vascular co-surgeon for exposure. There is no medical necessity for another co-surgeon in addition to the vascular surgeon.

AN ASSISTANT SURGEON: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Milliman Care Guidelines.

Decision rationale: In this case, a vascular surgeon performed the anterior approach to the L5-S1 disc space. Since a vascular surgeon is performing this task, there is no need for an Assistant surgeon other than the primary spine surgeon. The surgery is a routine operation and can be safely performed by a vascular surgeon and a single spinal surgeon. Therefore, the request is not medically necessary.

A LUMBAR BACK BRACE: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Low Back Procedure Summary.

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 Procedure Summary.

Decision rationale: The Official Disability Guidelines indicate that a back brace after fusion is under study but there is a lack of evidence supporting the efficacy of these devices. Many

surgeons use an off-the-shelf brace after lumbar fusion. There is no data to show that the braces are effective. The ODG does support the use of an off-the-shelf back brace after a lumbar fusion surgery. Therefore, the request is medically necessary.

AN ORTHOFIX BONE GROWTH STIMULATOR: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Low Back Procedure Summary.

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 Procedure Summary.

Decision rationale: The Official Disability Guidelines state that an electrical bone growth stimulator may be considered as an adjunct to spinal fusion surgery for patient with one or more previous failed spinal fusion(s), Grade III or worse spondylolisthesis or if the fusion is to be performed at more than one level. It can also be used if the patient is a smoker, has diabetes, renal disease, and alcoholism or has significant osteoporosis, which has been demonstrated on radiographs. This patient does not have any risks factors for nonunion of the lumbar spine and only a single level is being fused. The established criteria for use of a bone growth stimulator have not been met; therefore, the request is not medically necessary.

A TEC SYSTEM (COLD THERAPY UNIT WITH DVT AND LUMBAR WRAP) FOR 14 DAYS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Low Back Procedure Summary.

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 Official Disability Guidelines do not support the use of cold therapy unit over traditional ice packs after lumbar surgery. The literature does not support any benefit of cold therapy of the lumbar surgery. Therefore the request is not medically necessary.