

Case Number:	CM13-0060165		
Date Assigned:	12/30/2013	Date of Injury:	11/12/1986
Decision Date:	05/15/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	12/03/2013

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 Spine Surgery and is licensed to practice in Texas and 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 53-year-old male who reported an injury on 11/12/1986. The mechanism of injury was not provided for review. The injured worker's treatment history included cervical spine strain/sprain, postlaminectomy syndrome of the cervical spine, physical therapy for the lumbar spine, multiple medications for the lumbar spine, and epidural steroid injections. The patient underwent an MRI of the lumbar spine in 09/2013 that documented there was multilevel disc and facet degeneration with severe right-sided L3-4 and L4-5 and left-sided L5-S1 foraminal stenosis compression of the exiting nerve roots and severe right-sided L3-4 lateral recess stenosis with descending right L4 nerve root compression. The injured worker was evaluated on 10/16/2013 and it was documented that the injured worker had ongoing low back pain radiating to the bilateral lower extremities. Physical findings included loss of sensation in the L5-S1 distribution and bilateral lower extremities with a positive straight leg raising test and severely limited range of motion secondary to pain. The injured worker's treatment plan included lumbar decompression with partial facetectomies and laminotomies at the L4-5 and L5-S1 followed by interbody arthrodesis at the L4-5 and L5-S1. A letter of appeal dated 12/05/2013 documented that fusion surgery was requested and significant decompression would create significant spinal instability intraoperatively requiring arthrodesis at the requested levels.

IMR ISSUES, DECISIONS AND RATIONALES

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

ANTERIOR LUMBAR DECOMPRESSION AND INTERBODY ARTHRODESIS AT L4-5 AND L5-S1 FOLLOWED BY LUMBAR LAMINOTOMIES AND PARTIAL

FACETECTOMIES AND FORAMINOTOMIES AT L4-L5 AND L5-S1 WITH ASSISTANT SURGEON AND 3 NIGHT HOSPITAL STAY: Overturned

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: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Hospital Length of Stay and Other Medical Treatment Guideline or Medical Evidence: American College of Surgeons, Physicians as Assistant Surgeons: a 2011 Case study.

Decision rationale: The American College of Occupational and Environmental Medicine recommend nerve root decompression to include laminectomy, discectomy, and foraminotomies for patients with radicular symptoms that have failed to respond to conservative treatments and are supported by an imaging study. The clinical documentation submitted for review does indicate that the injured worker has severe lateral and foraminal stenosis causing nerve root compression at the exiting L4-L5 and L3 nerve roots. The clinical documentation submitted for review does provide evidence of physical examination findings to support radiculopathy in the L4-5 and L5-S1 distributions. As the requested surgical intervention will create significant spinal instability, an arthrodesis would be appropriate. The American College of Occupational and Environmental Medicine recommend fusion surgery when significant instability is created due to surgical intervention. Additionally, the American College of Surgeons, a 2011 case study of physicians as assistant surgeons recommend a surgical assistant for this type of surgery. Official Disability Guidelines recommend a 3 night hospital stay for the requested surgery. Therefore, the request for anterior lumbar decompression and interbody arthrodesis at the L4-5 and L5-S1 followed by lumbar laminotomies and partial facetectomies and foraminotomies at the L4-5 and L5-S1 with assistant surgeon and 3 night hospital stay is medically necessary and appropriate. .

POST-OP BONE GROWTH STIMULATOR: Overturned

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) Low Back Chapter, Bone growth stimulators (BGS) .

Decision rationale: The requested bone growth stimulator is medically necessary and appropriate. California Medical Treatment Utilization Schedule does not address this request. Official Disability Guidelines recommend bone growth stimulators for patients undergoing multilevel fusion surgeries. The clinical documentation support the need for a fusion at 2 levels. Therefore, a bone growth stimulator would be medically necessary and appropriate.

POST-OP LSO 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) Low Back Chapter, Back brace, post-operative (fusion).

Decision rationale: The requested postoperative back brace is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not address this request. Official Disability Guidelines do not support the use of a postoperative back brace after fusion surgery as mobilization after instrumented fusion is recommended. As such, the requested postoperative back brace (LSO brace) is not medically necessary or appropriate.