

Case Number:	CM13-0061848		
Date Assigned:	12/30/2013	Date of Injury:	12/31/2010
Decision Date:	06/16/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	12/05/2013

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 41-year-old female who sustained an injury on 12/31/10 while performing heavy lifting. The injured worker developed complaints of neck pain radiating to the left upper extremity and low back pain radiating to the lower extremities. The injured worker had prior surgical procedures including anterior cervical discectomy and fusion in 2011 and lumbar decompression in 2008. MRI (magnetic resonance imaging) of the lumbar spine from 01/15/13 noted mild disc space narrowing and disc desiccation at L5-S1 without neural foraminal or canal stenosis. Some mild right facet hypertrophy was noted. No specific post-operative changes were identified. Radiographs of the lumbar spine from 08/26/13 again noted moderate disc space narrowing at L5-S1 without evidence of motion segment instability. Per the clinical record from 09/24/13 the injured worker had persistent low back pain with right lower extremity symptoms including weakness which limited her functional ability. On physical examination positive straight leg raise was reported to the right with negative findings to the left. There was loss of sensation in right L5-S1 nerve root distribution. Reflexes were 1+ at the Achilles as compared to 2+ to the left. Mild weakness on right ankle dorsiflexion plantar flexion and eversion was noted. The injured worker ambulated with antalgic gait. There was significant disc protrusion at L5-S1 contributing to significant lateral recess stenosis. The recommendation was for revision decompression at L5-S1 followed by anterior and posterolateral lumbar fusion with instrumentation at L5-S1. Follow up on 10/23/13 indicated the injured worker had progressive weakness in the right lower extremity. Updated MRI for surgical planning was recommended. The requested L5-S1 anterior discectomy and fusion with L5-S1 posterior spinal fusion and decompression with a requested assistant vascular surgeon pre-operative medical clearance pre and post-operative back brace and post-operative 18 sessions of physical therapy were all denied by utilization review on 11/06/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 ANTERIOR DISCECTOMY AND FUSION WITH L5-S1 POSTERIOR SPINAL FUSION AND DECOMPRESSION SURGERY: 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 & THORACIC (ACUTE & CHRONIC) PATIENT SELECTION FOR LUMBAR SPINAL FUSION.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

Decision rationale: In regard to the requested L5-S1 anterior discectomy and fusion with posterior fusion and decompression, this reviewer would not have recommended this procedure as medically necessary based on clinical documentation submitted for review and current evidence based guidelines. Imaging of the lumbar spine noted degenerative disc disease at L5-S1 without evidence of instability. MRI (magnetic resonance imaging) noted mild disc space narrowing with no disc protrusion. It is noted that the clinical record from 09/24/13 opined that there was a large disc protrusion at L5-S1 contributing to nerve root compromise. This was not noted on the providing imaging studies and no radiological rereads or addenda were available for review finding further evidence of disc pathology contributing to neurological compromise that would support revision decompression procedures. There was no evidence of any contributory instability severe degenerative disc disease or severe spondylolisthesis that would reasonably support anterior and posterolateral fusion procedures at L5-S1. The clinical documentation submitted for review also did not include a pre-operative medical pre-operative psychological consult ruling out any confounding issues that could potentially impact post-operative recovery as recommended by guidelines. As the clinical documentation submitted for review did not meet guidelines recommendations regarding the proposed services, the request is not certified.

ASSISTANT VASCULAR SURGEON: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS) <http://www.cms.gov/apps/physician-fee-schedule/overview.aspx>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AMERICAN ASSOCIATION OF ORTHOPAEDICS SURGEONS POSITION STATEMENT REIMBURSEMENT OF THE FIRST ASSISTANT AT SURGERY IN ORTHOPAEDICS.

Decision rationale: In regards to the request for an assistant surgeon, since the primary procedure is not medically necessary, none of the associated services are medically necessary.

PRE-OPERATIVE CLEARANCE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation SURGERY GENERAL INFORMATION AND GROUND RULES, CALIFORNIA OFFICIAL MEDICAL FEE SCHEDULE, 1999 EDITION, PAGES 92-93.

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, PRE-OPERATIVE GENERAL.

Decision rationale: In regard to the request for pre-operative medical clearance, since the primary procedure is not medically necessary, none of the associated services are medically necessary.

POST-OPERATIVE BACK BRACE ([REDACTED]): 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 & Thoracic (Acute & chronic).

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.

Decision rationale: In regards to the request for a post-operative low back brace, since the primary procedure is not medically necessary, none of the associated services are medically necessary.

EIGHTEEN (18) POST-OPERATIVE PHYSICAL THERAPY VISITS FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

Decision rationale: In regards to the request for post-operative physical therapy for eighteen sessions, since the primary procedure is not medically necessary, none of the associated services are medically necessary.