

Case Number:	CM13-0065447		
Date Assigned:	01/08/2014	Date of Injury:	03/16/2012
Decision Date:	04/07/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	12/13/2013

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 Orthopedic Surgery and is licensed to practice in Texas. 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 50 year old male who was injured on 06/16/2012 while unloading a truck. He sustained injury to his knees and back. Prior treatment history has included lumbar discectomy at L5-S1 in 2008. In 2012 he underwent right-sided far lateral L3-L4 discectomy and decompression of nerve root L3-L4 with transient improvement of symptoms. On 04/11/2013 he underwent posterior lumbar approach, right-sided transfacet far lateral discectomy, facetectomy, foraminotomy and decompression of nerve root L3-L4. On 12/13/13 he underwent right knee arthroscopy with medial menisectomy and debridement. Medications include cyanocobalamin vitamin B12 injection, Colace 8.6-50 mg and cholecalciferol vitamin D3 oral. Diagnostic studies reviewed include MRI of the lumbar spine dated 04/25/2012 showing varying degrees of degenerative disc changes at L3-4, L4-5 and L5-S1. A fluoroscopy was done on 07/10/2012 showing instrumentation marking the L3-4 level with the third image showing the needle at the L3, L4 disc. MRI of the lumbar spine dated 11/08/2012 revealed degenerative disc changes at L3-4, L4-5 and L5-S1. X-ray of lumbar spine dated 06/12/2013 revealed status post bilateral posterolateral and anterior interbody fusion at L3-4 with no acute deformities. Mild degenerative disc space narrowing at L4-5 with more prominent narrowing at L5-S1. Diffuse degenerative facet arthrosis from at Final Determination Letter for IMR Case Number [REDACTED] [REDACTED] least L2-3 down through the L5-S1 levels. MRI of the lumbar spine dated 09/17/2013 of the lower fourth of L1 to the upper half of S1 revealed there has been interval surgery as described. There are posterior disc protrusions at L4-5 and L5-S1. MRI of the right knee dated 10/07/2013 revealed the following: 1) Oblique horizontal tear posterior body and horn of the medial meniscus which does not extend to the posterior root zone in conjunction with a focus of intense subcortical bone marrow edema in the central edge of the medial tibial plateau and significant articular cartilaginous fraying and thinning of the medial femoral condyle. 2) Small

joint effusion. Chest x-ray PA and lateral dated 04/05/2013 revealed stable cardiomegaly. No acute process. Daily clinic note dated 07/10/2013 documented the patient to have the left lower extremity still numb, pain levels fluctuate. He has less pain in his thoraco lumbar jet but more pain in his lower lumbar region. Objective findings on exam included functional tests that showed single leg balance on right fair (decreased from IE), left poor. Joint integrity/mobility thoracic, backward bending grade 2-hypermobility bilaterally. Forward and backward bending hypomobility/painful bilaterally. Rotation hypomobility/painful on left and hypomobility on right. Muscle testing of the lower extremity MMT on hip abduction 4/5 on left and +3/5 on the right. Clinic note dated 08/16/2013 documented the patient had significant improvement of his back and leg pain. Objective findings on exam included discomfort with palpation of the anterior thigh of the right lower extremity. Clinic note dated 10/18/2013 documented the patient continues to complain of back pain with radiation to the lower extremities, worse on the left than the right. Objective findings on examination, there is moderate discomfort on palpation of the mid lumbar spine. There is diminished perception to light touch in the lateral shin and anterior foot of the right leg. Lower extremity strength reveals right dorsiflexion 4_/5, left 5/5. Progress report dated 11/07/2013 documented objective findings reveals L3-S1 and right knee with zero improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

L3-S1 Transforminal Lumbar Interbody Fusion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter and AMA Guides (Instability).

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

Decision rationale: According to the submitted medical records, the patient's surgical history has included L5-S1 lumbar discectomy in 2008, right-sided far lateral L3-L4 discectomy and decompression of nerve root L3-L4 in 2012, and discectomy, facetectomy, foraminotomy and decompression of L3-L4 nerve root L3-L4, almost 1 year ago. Lumbar x-rays obtained 2 months following his most recent lumbar procedure documented evidence of fusion surgery, degenerative disc narrowing at L4-5 and L5-S1, and diffuse multilevel facet narrowing. The lumbar MRI obtained on 9/17/13 revealed interval surgery. The imaging studies do not establish the presence of spinal instability to warrant consideration of further lumbar fusion. Spinal fusion in the absence of fracture, dislocation, spondylolisthesis, tumor or infections, is not supported. Therefore, the medical necessity L3-S1 Transforminal lumbar interbody fusion has not been established.

Aspen LSO Lumbar Brace L0637: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 297.

Decision rationale: According to the CA MTUS guidelines, there is no evidence for the effectiveness of lumbar supports in preventing back pain. The request for the device is for post-operative use. According to the ODG, the implementation of bracing for post-operative care is under study. There is lack of evidence supporting the use of such devices. However, as the medical necessity of lumbar fusion has not been established, the necessity for a post-operative lumbar support brace is also not established. There the medical necessity for Aspen LSO lumbar brace L0637, has not been established.

External Bone Growth Stim E0748: 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), Bone Growth Stimulator(BGS).

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, Bone Growth Stimulator.

Decision rationale: According to the guidelines, bone growth stimulators are currently understudy. These devices may be warranted in cases of patients with certain risk factors such as pending fusion at more than one level. As stated above, the medical records fail to establish that the patient is a candidate for lumbar fusion. Therefore post-operative devices, including bone growth stimulator is not indicated. The medical necessity of External bone growth stim E0748, is not established.