

Case Number:	CM13-0070710		
Date Assigned:	03/03/2014	Date of Injury:	03/10/1980
Decision Date:	06/30/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/26/2013

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 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 53-year-old female who reported an injury on March 10, 1980 after lifting a heavy object. The injured worker's treatment history included lumbar fusion at the L4-5 and L5-S1 levels, epidural steroid injections, physical therapy, and medications. The injured worker underwent an MRI of the lumbar and thoracic spine on September 13, 2013. The injured worker had a solid appearing L4-5 and L5-S1 fusion with evidence of progressive degenerative disc space and facet joint spaces at the L2-3 and L3-4, which caused mild lateral recess narrowing at L3-4 without neural impingement. The injured worker was evaluated on November 21, 2013. Physical findings of the lumbar spine were documented as tenderness to palpation over the spinous process sacroiliac joint bilaterally. The injured worker had limited range of motion secondary to pain. The injured worker had a positive straight-leg-raising test to the left and to the right with diminished sensation over the lateral thigh and anterior thigh of the right lower extremity and diminished sensation of the lateral thigh, anterior thigh, lateral calf, shin, distal lateral foot, and dorsum of the foot. The injured worker had 4/5 strength in the bilateral hip extensors and abductors and bilateral knee extensors and bilateral dorsal flexors. The injured worker had decreased left-sided ankle inversion and extensor hallucis longus motor strength graded at 4/5. The injured worker's treatment plan included decompression and fusion at the L3-4 with removal of old hardware from L4-S1. A letter of appeal dated January 21, 2014 documented the injured worker had changes on the MRI which noted severe facet arthropathy at the L2-3 and L3-4 levels, supported adjacent segment disease. The injured worker had progressive pain and weakness that would benefit from surgical intervention. An additional request for surgical intervention was made.

IMR ISSUES, DECISIONS AND RATIONALES

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

REMOVE HARDWARE L4-S1: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 11th Edition, Low Back, 2013.

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

Decision rationale: The requested removal of hardware at the L4-S1 levels is medically necessary and appropriate. The ACOEM Guidelines recommend surgical intervention for back disorders if there is clear clinical findings and imaging findings of lesions that would benefit from surgical repair that have failed to respond to conservative treatment. The clinical documentation submitted for review does indicate that the injured worker has objective findings of neural compromise in the L3-4 distribution supported by an imaging study, did provide consistent evidence that the injured worker had a circumferential disc bulge effacing the thecal sac causing minimal lateral recess stenosis. The clinical documentation submitted for review also supports degenerative changes at the L3-4 level consistent with adjacent segment disease. The injured worker has had progressive weakness and pain that has failed to respond to conservative treatments to include medications, physical therapy, and epidural steroid injections for extended periods of time. The injured worker does have abnormal physical and imaging findings that would benefit from surgical intervention as conservative treatments have failed to provide any lasting benefit. Removal of the hardware at the L4-S1 levels would be considered appropriate to reinsert the L3-4 hardware. As such, removal of the hardware from the L4-S1 levels would be considered medically necessary and appropriate.

EXPLORE PREVIOUS FUSION L4-1: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: As the injured worker is to undergo L3-4 fusion with instrumentation, hardware removal and subsequent exploration of the previous fusion would be appropriate in this clinical situation. The ACOEM Guidelines recommend surgical intervention for back disorders if there is clear clinical findings and imaging findings of lesions that would benefit from surgical repair that have failed to respond to conservative treatment. The clinical documentation submitted for review does indicate that the injured worker has objective findings of neural compromise in the L3-4 distribution supported by an imaging study, did provide consistent evidence that the injured worker had a circumferential disc bulge effacing the thecal sac causing minimal lateral recess stenosis. The clinical documentation submitted for review also supports degenerative changes at the L3-4 level consistent with adjacent segment disease. The injured

worker has had progressive weakness and pain that has failed to respond to conservative treatments to include medications, physical therapy, and epidural steroid injections for extended periods of time. The injured worker does have abnormal physical and imaging findings that would benefit from surgical intervention as conservative treatments have failed to provide any lasting benefit. As such, the explore previous fusion at the L4-S1 levels is medically necessary and appropriate.

**REVISION POSTERIOR LUMBAR DECOMPRESSION AND FUSION
W/INSTRUMENTATION L3-4:** Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Revision posterior lumbar decompression and fusion with instrumentation at the L3-4 level is medically necessary and appropriate. The ACOEM Guidelines recommend surgical intervention for back disorders if there is clear clinical findings and imaging findings of lesions that would benefit from surgical repair that have failed to respond to conservative treatment. The clinical documentation submitted for review does indicate that the injured worker has objective findings of neural compromise in the L3-4 distribution supported by an imaging study, did provide consistent evidence that the injured worker had a circumferential disc bulge effacing the thecal sac causing minimal lateral recess stenosis. The clinical documentation submitted for review also supports degenerative changes at the L3-4 level consistent with adjacent segment disease. The injured worker has had progressive weakness and pain that has failed to respond to conservative treatments to include medications, physical therapy, and epidural steroid injections for extended periods of time. The injured worker does have abnormal physical and imaging findings that would benefit from surgical intervention as conservative treatments have failed to provide any lasting benefit. The clinical documentation submitted for review does support that the injured worker has progressive weakness and pain that would benefit from surgical intervention. As such, the requested revision of the posterior lumbar decompression and fusion with instrumentation at the L3-4 level is medically necessary and appropriate.

USE ALLOGRAFT AND/OR AUTOGRAFT L3-4: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Revision posterior lumbar decompression and fusion with instrumentation at the L3-4 level is medically necessary and appropriate. The ACOEM Guidelines recommend surgical intervention for back disorders if there is clear clinical findings and imaging findings of

lesions that would benefit from surgical repair that have failed to respond to conservative treatment. The clinical documentation submitted for review does indicate that the injured worker has objective findings of neural compromise in the L3-4 distribution supported by an imaging study, did provide consistent evidence that the injured worker had a circumferential disc bulge effacing the thecal sac causing minimal lateral recess stenosis. The clinical documentation submitted for review also supports degenerative changes at the L3-4 level consistent with adjacent segment disease. The injured worker has had progressive weakness and pain that has failed to respond to conservative treatments to include medications, physical therapy, and epidural steroid injections for extended periods of time. The injured worker does have abnormal physical and imaging findings that would benefit from surgical intervention as conservative treatments have failed to provide any lasting benefit. The clinical documentation submitted for review does support that the injured worker has progressive weakness and pain that would benefit from surgical intervention. As such, the requested revision of the posterior lumbar decompression and fusion with instrumentation at the L3-4 level is medically necessary and appropriate.

A COMPLETE BLOOD COUNT WITH DIFFERENTIAL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mitchell S. King,MD, Preoperative Evaluation, Northwestern University Medical School,Chicago, Illinois Am Fam Physician, 2000 Jul 15; 62(2); 387-396

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, Preoperative lab testing.

Decision rationale: The requested Complete Blood Count with differential, are not medically necessary or appropriate. The California MTUS and ACOEM Guidelines do not address pre-operative labs. The Official Disability Guidelines recommend preoperative lab testing for moderate risk surgical interventions for patients who are at risk for developing intraoperative or postoperative complications due to a specific disease process. The clinical documentation submitted for review does not provide any comorbidities that would cause complications during or after the requested surgery. As such, the requested Complete Blood Count with differential is not medically necessary or appropriate.

URINE ANALYSIS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mitchell S. King,MD, Preoperative Evaluation, Northwestern University Medical School,Chicago, Illinois Am Fam Physician, 2000 Jul 15; 62(2); 387-396.

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, Preoperative lab testing

Decision rationale: The requested urine analysis is not medically necessary or appropriate. The California MTUS and ACOEM Guidelines do not address preoperative lab testing. The Official Disability Guidelines recommend preoperative lab testing for moderate risk surgical interventions for patients who are at risk for developing intraoperative or postoperative complications due to a specific disease process. The clinical documentation submitted for review does not provide and comorbidities that would cause complications during or after the requested surgery. As such, the requested urine analysis is not medically necessary or appropriate.

PROTHROMBIN TIME (PT)/PARTIAL THROMBOPLASTIN TIME (PTT): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mitchell S. King,MD, Preoperative Evaluation, Northwestern University Medical School,Chicago, Illinois Am Fam Physician, 2000 Jul 15; 62(2); 387-396.

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, Preoperative lab testing.

Decision rationale: The requested prothrombin time (PT)/Partial thromboplastin time (PTT) is not medically necessary or appropriate. The California MTUS and ACOEM Guidelines do not address preoperative lab testing. The Official Disability Guidelines recommend preoperative lab testing for moderate risk surgical interventions for patients who are at risk for developing intraoperative or postoperative complications due to a specific disease process. The clinical documentation submitted for review does not provide any comorbidities that would cause complications during or after the requested surgery. As such, the requested PT/PTT is not medically necessary or appropriate.

THE CLOT TO HOLD LAB TEST: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mitchell S. King,MD, Preoperative Evaluation, Northwestern University Medical School,Chicago, Illinois Am Fam Physician, 2000 Jul 15; 62(2); 387-396

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, Preoperative lab testing

Decision rationale: The requested clot to hold lab test is not medically necessary or appropriate. The California MTUS and ACOEM Guidelines do not address preoperative lab testing. The Official Disability Guidelines recommend preoperative lab testing for moderate risk surgical interventions for patients who are at risk for developing intraoperative or postoperative complications due to a specific disease process. The clinical documentation submitted for review

does not provide any comorbidities that would cause complications during or after the requested surgery. As such, the requested clot to hold lab test is not medically necessary or appropriate.

THE BASIC METABOLIC LAB TEST: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mitchell S. King,MD, Preoperative Evaluation, Northwestern University Medical School,Chicago, Illinois Am Fam Physician, 2000 Jul 15; 62(2); 387-396

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, Preoperative lab testing.

Decision rationale: The requested basic metabolic lab test is not medically necessary or appropriate. The California MTUS and ACOEM Guidelines do not address preoperative lab testing. The Official Disability Guidelines recommend preoperative lab testing for moderate risk surgical interventions for patients who are at risk for developing intraoperative or postoperative complications due to a specific disease process. The clinical documentation submitted for review does not provide any comorbidities that would cause complications during or after the requested surgery. As such, the requested basic metabolic lab test is not medically necessary or appropriate.

LABS: EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mitchell S. King,MD, Preoperative Evaluation, Northwestern University Medical School,Chicago, Illinois Am Fam Physician, 2000 Jul 15; 62(2); 387-396.

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, Preoperative electrocardiogram (ECG).

Decision rationale: The requested EKG is not medically necessary or appropriate. The California MTUS and ACOEM Guidelines do not address preoperative lab testing. The Official Disability Guidelines recommend pre-surgical EKGs for injured workers who have cardiac related conditions that put them at risk for developing complications intraoperatively or postoperatively. The clinical documentation submitted for review does not provide any evidence of comorbidities that would put the injured worker at cardiac risk either during surgery or after surgery. As such, the requested EKG is not medically necessary or appropriate.

TED HOSE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 11th Edition, 2013, Knee and Leg.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Venous Thrombosis.

Decision rationale: The requested TED hose is not medically necessary or appropriate. The California MTUS and ACOEM Guidelines do not address preoperative lab testing. The Official Disability Guidelines recommend compression garments for injured workers at risk for developing deep vein thrombosis and have periods of immobilization postsurgically. The clinical documentation submitted for review does not support that the injured worker is at risk for development of deep vein thrombosis or having an extended period of immobilization that would put them at risk for deep vein thrombosis. As such, the requested TED hose is not medically necessary.

A 3-DAY INPATIENT 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, 11th Edition, 2013, Low Back, Hospital Stay; Lumbar Fusion, Posterior

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.

Decision rationale: The requested 3-day inpatient stay is medically necessary and appropriate. The clinical documentation supports that the injured worker is a candidate for surgical intervention to include lumbar posterior fusion. The California MTUS Guidelines do not address this request. The Official Disability Guidelines recommend a 3-day inpatient stay for the requested surgical intervention. As such, the requested 3 day inpatient stay is medically necessary and appropriate.

A THORACOLUMBOSACRAL ORTHOSIS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 11th Edition, Low Back, 2013.

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 thoracolumbosacral orthosis (TLSO) is not medically necessary or appropriate. The California MTUS Guidelines do not address postoperative fusion

back braces. The Official Disability Guidelines do not support the use of postoperative back braces for fusion surgeries as there is little scientific evidence to support the benefits of immobilization after fusion surgery. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. As such, the request for a TLSO is not medically necessary or appropriate.

WALKER: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Web, 10th Edition, Hip and Pelvis, 2012.

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, Walking Aids.

Decision rationale: The requested walker is not medically necessary or appropriate. The California MTUS Guidelines do not address this request. The Official Disability Guidelines recommend walking aids when the injured worker's ambulation deficit cannot be sufficiently resolved with lower levels of equipment. The clinical documentation submitted for review does not provide any evidence that the injured worker is at risk for an inability to ambulate postsurgically. There no documentation that the injured worker would not be able to ambulate with the assistance of a cane. Therefore, the need for a walker is not clearly indicated. As such, the requested walker is not medically necessary or appropriate.