MAXIMUS Federal Services

Case Number:	CM14-0016716		
Date Assigned:	02/21/2014	Date of Injury:	06/26/2009
Decision Date:	07/29/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/10/2014

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 72-year-old male who sustained an injury on 06/26/09 when he slipped and fell out of a chair sustaining injury to the low back. The injured worker had prior laminectomy decompression for lumbar stenosis in December of 2010. This briefly improved lower extremities symptoms; however, symptoms recurred. It appeared the injured worker had second lumbar fusion with instrumentation in July of 2012. Radiographs of the lumbar spine reportedly showed pedicle screw fixation and interbody fusion at L4-5. At L5-S1, there was a relatively maintained joint space. At L3-4 there was subluxation reported. The injured worker underwent facet joint injections in 09/13 at L4-5 and L5-S1, which provided no significant improvement in terms of pain. MRI of the lumbar spine from 08/08/13 noted post-operative changes consistent with lumbar fusion at L4-5. There was an interbody spacer with posterolateral instrumentation. At L3-4 there was noted moderate to severe central canal stenosis secondary to right worse than left facet hypertrophic change and mild annular disc bulging. Neural foraminal narrowing was moderate at L3-4. At L2-3 there was disc desiccation and spondylotic change with mild disc bulging measuring 3mm. Facet degeneration contributed to mild to moderate canal stenosis with canal measuring 7mm. The injured worker was seen for independent medical evaluation on 01/09/14. Per the record, the injured worker continued to have low back pain radiating to the left buttock and left posterolateral upper thigh. The injured worker indicated that any prolonged sitting or standing increased his low back pain. The injured worker reported some relief with anti-inflammatories. On physical examination, there was tenderness to palpation at the left sacroiliac joint. There was weakness at the left foot on eversion and dorsiflexion with decreased sensation over the left lateral foot and left small toe. There was a 1cm decreased girth in the thighs and knees. The injured worker was seen by [redacted] on 01/10/14. The injured worker continued to report constant low back pain that was

primarily left sided radiating to the left thigh with associated numbness. The injured worker also described numbness in the left foot. On physical examination, there were positive tender points in the lower lumbar spine. Loss of range of motion was present. No motor weakness was identified. Reflexes were somewhat diminished at the left knee. The recommendation at this evaluation was for L2-3 and L3-4 minimally invasive direct lateral fusion. The requested extreme lateral interbody fusion at L2-3 and L3-4 followed by posterolateral spinal fusion with three to five day length of stay, post-operative front wheeled walker, post-operative TLSO brace, and pre-operative chest x-rays, EKG, and laboratory studies were denied by utilization review on 01/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

XLIF (EXTREME LATERAL INTERBODY FUSION) AT L2-3, L3-4. AXEL POSTERIOR SPINAL FUSION: 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: The injured worker has had prior lumbar interbody fusion and posterolateral fusion at L4-5. Imaging noted adjacent level disease at L2-3 and L3-4 with canal stenosis at both levels that was moderate to severe in nature. There was evidence of neural foraminal stenosis at both levels. Complaints are consistent with neurogenic claudication as the injured worker had significant low back and lower extremities symptoms with any prolonged standing. Given the extent of the canal stenosis at both L2-3 and L3-4, it is highly unlikely that the injured worker would have improved with any further conservative treatment. There has also been failure of conservative treatment to date which has included multiple injections. Therefore, the request for XLIF (Extreme Lateral Interbody Fusion) at L2-3, L3-4. AXEL posterior spinal fusion is medically necessary and appropriate.

3-5 DAY LOS (LENGTH OF STAY): Overturned

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

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, Ininjured worker Hospitalization.

Decision rationale: Surgical procedures for this injured worker were medically appropriate. Therefore, the injured worker would have reasonably required a three to five day length of stay with post-operative monitoring regarding any potential complications such as infection or

neurological compromise. As such, the request for 3-5 day LOS is medically necessary and appropriate.

FRONT WHEELED WALKER: Upheld

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

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

Decision rationale: There was indication the injured worker demonstrating significant functional limitations to support the use of a front wheeled walker versus any other gait assistive device such as a single point cane. Without any indication of post-operative limitation and function, the request for a front wheeled walker is not medically necessary and appropriate.

TLSO (THORACIC-LUMBO SACRAL ORTHOSIS) BACK BRACE: Overturned

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

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: As the surgical request for this injured worker was medically indicated, a post-operative TLSO brace would have been appropriate to address post-operative low back pain and provide stability in and allowing for proper consolidation of the fusion graft. Therefore, the request for TLSO back brace is medically necessary and appropriate.

PRE-OP CLEARANCE WITH CHEST X-RAY: Overturned

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

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 testing, general.

Decision rationale: Given the age of the injured worker and risk factors for surgery, a pre-operative medical clearance evaluation with chest x-rays would have been medically appropriate to rule out any the request for pre-operative clearance with x-rays is medically necessary and appropriate.

PRE-OP CLEARANCE WITH EKG: Overturned

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

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 ECG.

Decision rationale: Given the age of the injured worker and risk factors for surgery, a pre-operative EKG in combination with an evaluation would have been medically appropriate to rule out any comorbid conditions that would have substantially increased risk factors for surgery. Therefore, the request for pre-operative clearance with EKG is medically necessary and appropriate.

PRE-OP CLEARANCE WITH LABS: Overturned

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

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 lab testing.

Decision rationale: In regards to the request for pre-operative clearance with labs, this reviewer would have recommended this pre-operative study as medically necessary. Given the age of the injured worker and risk factors for surgery, a pre-operative lab testing in combination with an evaluation would have been medically appropriate to rule out any comorbid conditions that would have substantially increased risk factors for surgery. Therefore this reviewer would have recommended certification for the request.