

Case Number:	CM14-0019192		
Date Assigned:	04/21/2014	Date of Injury:	02/09/2001
Decision Date:	07/29/2014	UR Denial Date:	01/20/2014
Priority:	Standard	Application Received:	02/14/2014

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 56-year-old male who sustained an injury on 02/09/01. The specific mechanism of injury was not noted in the clinical records. The injured worker has a prior C5-6 anterior cervical discectomy and fusion in 2003. The claimant had continuing complaints of pain in the low back radiating to the left medial thigh knee and shin. Prior conservative treatment included narcotic analgesics for pain. The claimant received multiple epidural steroid injections at L4-5 and L5-S1, which provided some improvement in activities. The claimant reported improved low back pain with injections. There were further recommendations for diagnostic blocks at L2-3 and L3-4, which were completed in 11/13 providing 10-14 days of significant relief. MRI of the lumbar spine from 08/05/13 noted resolution of previously seen right paracentral disc protrusion. There was a disc osteophyte complex contributing to left lateral recess stenosis with displacement of the left L3 nerve root. There was a right lateral disc bulge adjacent to the ventral ramus of the right L2 nerve root. At L3-4 there was also a disc osteophyte complex contributing to left lateral recess stenosis displacing the left L4 nerve root. The lateral recess stenosis appeared to have progressed from prior imaging. Due to disc complexes and spondylitic changes at L4-5 and L5-S1 there was moderate to severe right versus left neural foraminal stenosis at both levels. Radiographs of the lumbar spine from 09/16/13 noted diffused degenerative disc disease and facet joint arthritis with no progressive findings. A rotodextrocurvature appeared stable with the apex at L3. The clinical note by [REDACTED] noted scoliotic curve measured 18mm to the left. The injured worker was reported to have electrodiagnostic evidence of a left L5 and S1 radiculitis. On physical examination, there was intact motor strength in the lower extremities. Reflexes were 1+ and symmetric. Follow up with [REDACTED] on 12/30/13 noted reproduction of left lower extremity symptoms with nerve stretch testing. There was decreased sensation in a left L3-4 dermatome. The injured worker was

successful in weaning off OxyContin. Recommendations were for combined L3 L2-3 L3-4 and L4-5 laminectomy combined with extreme lateral interbody fusion at L2-3 and L3-4 followed by posterolateral fusion at L4-5 with posterior segmental fixation from L2 to L5. Follow up on 01/20/14 noted continuing severe low back pain radiating to the bilateral hips with associated numbness in the left shin. No motor weakness reflex changes were noted on physical examination in the lower extremities. Straight leg raise was positive to the left. The requested surgical procedures and both pre and post-operative requests were denied by utilization review on 01/20/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extreme lateral L2-3, L3-4 interbody fusion with peek cage filled with bone morphogenic protein: Overturned

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

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

Decision rationale: Imaging studies noted disc osteophyte complexes at L2-3 and L3-4 affecting the right L2 left L3 and left L4 nerve roots. There was a scoliosis curvature centered at L3 on radiographs with diffuse degenerative disc disease and facet arthritis throughout the lumbar spine. The injured worker could not have reasonably been decompressed without lumbar fusion at either L2-3 or L3-4. The scoliotic defect combined with diffuse degenerative disc disease would have reasonably progressed with decompression alone. To prevent progression of the scoliotic defect at L3, the proposed procedures would be appropriate. Therefore, the request for extreme lateral L2-3, L3-4 interbody fusion with peek cage filled with bone morphogenic protein is medically necessary and appropriate.

Posterior l2-5 laminectomy and partial facetectomy, l2-5 posterior segmental fixation, l4-5 posterior fusion using local bone: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: Imaging showed continued displacement of L5 nerve roots due to disc osteophyte complex. There was moderate to severe right versus left neural foraminal stenosis due to disc osteophyte complex. The injured worker could not have reasonably been decompressed at L4-5 without requiring lumbar fusion to prevent the further progression of the scoliotic defect centered at L3. There was already diffuse degenerative disc disease throughout

the lumbar spine with associated facet arthropathy. The scoliotic defect would have reasonably progressed with decompression alone. Therefore, the request for posterior 12-5 laminectomy and partial facetectomy, 12-5 posterior segmental fixation, 14-5 posterior fusion using local bone is medically necessary and appropriate.

Inpatient hospital stay for 4-5 days: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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, In-Injured Worker Hospitalization.

Decision rationale: The surgical request was found to be medically appropriate. Therefore, the injured worker would require the requested uninjured worker hospital stay for post-operative monitoring given the extensive nature of the procedures planned for the injured worker. The request for inpatient hospital stay for 4-5 days is medically necessary and appropriate.

Assistant surgeon: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CMS.gov.

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: The surgical request was found to be medically appropriate. Given the complexity of the indicated procedures, an assistant surgeon is medically necessary and appropriate.

SSEP (Baseline/Intra-Op): 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, Intraoperative Monitoring.

Decision rationale: The surgical request was found to be medically appropriate. Given the risk factors in placing an extensive amount of hardware close to the neural structures in the lumbar spine, SSEP monitoring would be appropriate and standard of care. The request for SSEP (Baseline/Intra-Op) is medically necessary and appropriate.

Home health skilled nurse evaluation and 2 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51.

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, home health.

Decision rationale: The surgical request was found to be medically appropriate. However, there needs to be a post-operative assessment indicating overall reduced function or indications that there was no support system for the injured worker to support home health care. Therefore, the request for a home health skilled nurse evaluation and two visits is not medically necessary and appropriate.

Walker with front wheels, raised toilet seat, grabber: 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) Walking Aids.

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: The surgical request was found to be medically appropriate. However, there needs to be a post-operative assessment indicating overall reduced function that would have reasonably required the requested durable medical equipment. Therefore, the request for a walker with front wheels, raised toilet seat, grabber is not medically necessary and appropriate.