

Case Number:	CM14-0114471		
Date Assigned:	08/04/2014	Date of Injury:	09/23/2011
Decision Date:	09/10/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/21/2014

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 Neurological 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 48 year old female who has a date of injury of 09/23/11. On this date, she was moving a 200 lb. dog when she sustained injuries to both her neck and low back. Treatment to date has included physical therapy, acupuncture, cervical epidural steroid injections, lumbar epidural steroid injections, chiropractic and oral medications. She is status post Anterior Cervical Discectomy and Fusion at C5-6 on 07/27/12. She is noted to be status post an L5 discectomy performed on 10/10/12. The record includes an electromyogram dated 09/19/12 which shows right sided L5 denervation. The record includes flexion and extension radiographs dated 05/30/14 in which no instability is noted. The record includes a panel qualified medical examiner dated 02/20/14 which reflects an essentially normal physical examination. There was no evidence of motor strength loss, sensory loss, or reflex changes. The injured worker self-reports that both her cervical and lumbar surgeries were of no benefit. The record contains a magnetic resonance image of the lumbar spine dated 08/14/13 which demonstrated interval significant progression of a previous disc protrusion at the L5-S1 level extending 1.4cm posteriorly and extending 3mm inferiorly consistent with a large disc extrusion. This causes displacement and impingement of the descending left sided nerve roots including the left S1 nerve root. There is also moderate left subarticular narrowing and mild left neuroforaminal narrowing. The remainder of the examination is stable with mild degenerative changes and a trace annular fissure seen at the L4-5 level. Per a clinical note dated 06/11/14, the injured worker has complaints of low back pain with radiation into the lower extremities, left greater than right. On physical examination, she is noted to have tenderness to palpation and paraspinal spasms in the lower lumbar spine. Lasegue's test is positive at approximately 60 degrees on the left. Deep tendon reflexes are 2+ at both knees and 1+ at the right ankle and absent in the left ankle. There is 4+/5 strength in the left anterior tibialis and extensor hallucis longus, 5/5 strength on the right. The record contains a

utilization review determination dated 07/10/14 in which requests for an anterior/posterior lumbar discectomy, decompression and fusion with instrumentation, allograft, and bone morphogenic protein at the L4-5 and L5-S1 levels was non-certified. Additional ancillary requests for preoperative medical clearance, vascular surgeon, lumbosacral orthosis, 3-in-1 commode, cold therapy unit, bone growth stimulator and a hospital stay for 1-3 days were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior/posterior lumbar discectomy decompression and fusion with instrumentation allograft and bone morphogenic at L4-L5 and L5-S1 levels: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines Lumbar Spine; ACOEM 3rd edition 2011 page 702 Vol 2.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Fusion.

Decision rationale: The submitted clinical records indicate that the injured worker sustained injuries to her low back on 09/23/11. She is status post an L5-S1 discectomy performed on 10/10/12 and subsequently has been identified with a recurrent disc herniation. Records indicate that the injured worker self-reports no benefit from prior surgeries. Lumbar flexion and extension views performed on 05/30/14 showed no evidence of instability. There are divergent physical examinations documented. A panel qualified medical examination dated 02/20/14 reports essentially normal findings with no motor strength, sensory, or reflex changes. Per American College of Occupational and Environmental Medicine there must be evidence of instability noted to warrant a fusion procedure. As there is no substantive evidence of instability at the requested operative levels, medical necessity for a fusion procedure has not been established.

Pre-operative medical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACC/AHA 2007 Guidelines on perioperative cardiovascular evaluation and care for noncardiac surgery.

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 testing, general.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Vascular surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Association of Orthopaedic Surgeons Position Statement Reimbursement of the First Assistant at Surgery in Orthopaedics.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: 2011 Physicians as Assistants in Surgery.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Lumbar-Sacral Orthosis (LSO) brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar Spine; JBJS 2008; 90 (10): 2062-8.

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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Three (3) and one (1) commode: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Centers for Medicare & Medicaid Services (CMS) 2005.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Durable medical equipment (DME).

Decision rationale: The request for a 3-in-1 commode is not medically necessary. This request is predicated on the approval of surgery. As surgical intervention has not been established as medically necessary, this request for durable medical equipment is not supported.

Cold Therapy Unit: 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) Multiple Chapters; Cervical, Shoulder, Lumbar, and Knee; Am J Sports med, 1996 Mar-Apr; 24 (2):193-5; AJSM, 2004, 32 pages 251-261.

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, Cryotherapy, Cold/heat packs.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Bone Growth Stimulator: 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-TWC) Integrated Treatment/Disability Duration Guidelines Neck and Upper Back (Acute & Chronic) / Lumbar & Thoracic (Acute & Chronic) / Lumbar Spine.

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, Bone Growth Stimulators.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Hospital stay one (1) to three (3) days (goes with the fusion): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Lumbar Spine / RTW guidelines; Milliman Care Guidelines Inpatient and Surgical Care 14th Edition, Goal Length of Stay for fusion.

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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.