MAXIMUS Federal Services

Case Number:	CM14-0119006		
Date Assigned:	08/06/2014	Date of Injury:	02/19/2008
Decision Date:	09/10/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	07/25/2014

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 Orthopedic Surgery, has a subspecialty in Spine Surgery, and is licensed to practice in South Dakota. 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 68 year old male who was injured on February 19, 2008. The mechanism of injury is not listed. The injured worker was diagnosed with lumbar radiculopathy, neurogenic claudication,lumbar stenosis, degenerative disc disease, and spondylolisthesis. There are continued complaints of low back pain rated 10/10 according to a orthopedic spine surgery narrative report dated June 18, 2014. A prior utilization review determination resulted in denial of Norco, electrocardiogram, chest x-ray, medical clearance, pneumatic intermittent compresion device, LSO brace, bilateral facetectomy and stabilization and fusion, L4&L5 laminectomy with subtotal facetectomies and foraminotomies on July 21, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4 & L5 laminectomy with subtotal facetectomies & foraminotomies: Overturned

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 (updated 07/03/2014).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-310.

Decision rationale: The claimant has signs and symptoms and imaging studies consistent with severe spinal stenosis with radiculopathy and MTUS would recommend decompression surgery. Therefore the request is medically necessary and appropriate.

Subtotal bilateral facetectomy and stabilization and fusion: Overturned

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 (updated 07/03/2014).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Fusion (spinal).

Decision rationale: MTUS states fusion is not usually considered in the first three months of symptoms. Increased instability following decompression at the level of degenerative spondylolisthesis may be candidates for fusion. ODG allows for fusion in the presence of segmental instability such as degenerative spondylolisthesis, which is present in this case. Additionally, the wide decompression and facetectomies that is expected in this case due to the severity of the foraminal stenosis would be expected to worsen the instability, therefore indicating fusion surgery. Thus the request for subtotal bilateral facetectomy and stabilization and fusion is medically necessary and appropriate.

Lumbar-Sacral Orthosis (LSO) brace: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (updated 07/03/2014) Lumbar supports.

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, Back brace, post-operative (fusion).

Decision rationale: MTUS does not address the use of bracing following spinal fusion. ODG allows as an option for treatment and is under study for post-operative use, though a standard brace is thought to be preferred over a custom built support. The request is therefore medically necessary.

Pneumatic Intermittent Compression Device: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (updated 06/05/2014).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 459.

Decision rationale: Neither MTUS or ODG specifically address this regarding low back surgery. Moderate evidence supports the use of these devices for lower extremity thrombosis prophylaxis in the post operative period. Therefore the request is medically necessary and appropriate.

Medical Clearance: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.guideline.gov/content.aspx?id=38289, 2012 Jul. 61 p. [36 references]-Preoperative evaluation; Danielson D, Bjork K, Card R, Foreman J, Harper C, Roemer R, Stultz J, Sypura W, Thompson S, Webb B.

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: National Guideline Clearinghouse; Preoperative Evaluation, Danielson, D et al.

Decision rationale: MTUS and ODG do not address. Guideline.gov search reveals the following recommendation: A preoperative basic health assessment must be completed for all patients undergoing a diagnostic or therapeutic procedure, with exceptions. This guideline follows the basic premise that diagnostic tests (laboratory and x-ray) are not part of the preoperative basic health assessment. A complete preoperative basic health assessment includes: medical history and physical exam. Request for medical clearance is considered medically necessary.

Chest x-ray: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (updated 07/03/2014) Preoperative testing.

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, Preoperative testing, general.

Decision rationale: MTUS does not address. ODG allows that chest x-ray is reasonable in situations where there is a risk of postoperative pulmonary complications. In this situation, the patient is elderly, and a complicated spinal surgery would be expected to carry such risk. Therefore the request is medically necessary and appropriate.

Electrocardiogram (EKG): 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) Low Back (updated 07/03/2014) Preoperative testing.

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, Pre-operative electrocardiogram.

Decision rationale: MTUS does not address. ODG allows for intermediate risk surgeries as in this case when there are known risk factors. The records in this case suggest no known cardiovascular risk factors. The request is not medically necessary.

Norco 10/325mg QTY: 180.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80, 91, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

Decision rationale: The use of oral narcotic medications for postoperative pain control would be an expected treatment for moderate to severe postoperative pain following the extensive procedure planned. Therefore the request for Norco 10/325mg qty: 180 is medically necessary.