MAXIMUS Federal Services

Case Number:	CM14-0177442		
Date Assigned:	10/30/2014	Date of Injury:	04/04/2006
Decision Date:	12/10/2014	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	10/27/2014

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 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:

This is a 57 year old female with a 4/4/06 injury date. A 10/2/14 follow-up note indicates that the patient has continued to have chronic lower back pain since 2013. She has a history of L2-4 lumbar fusion for L3 compression fracture. Subjective findings included lower back pain with radiation to the right leg. She has stopped working about one year ago. She feels she has developed weakness in the right leg and foot and has suffered several falls. The pain distribution is 90% back pain and 10% leg pain. Objective findings included right 4/5 dorsiflexion weakness, negative straight leg raise testing, and symmetric reflexes. A 10/2/14 lumbar x-ray showed severe degenerative disc disease and disc space collapse at L4-5 and a small lateral listhesis. A 7/26/13 lumbar MRI revealed severe degenerative disc disease at L4-5 resulting in moderate central canal stenosis and moderate bilateral neuroforaminal stenosis. An 8/14/14 lumbar CT showed prior surgical changes, L4-5 central canal stenosis cause by degenerate disc disease, moderate bilateral foraminal narrowing, and possible impingment of the L4 nerve roots bilaterally. Diagnostic impression: lumbar degenerative disc disease, lumbar radiculopathy.Treatment to date: previous L2-4 posterior lumbar fusion, medications.A Utilization Review (UR) decision on 10/22/14 denied the request for L4-5 anterior/posterior lumbar decompression with interbody instrumented fusion on the basis that there was no documented evidence of segmental instability at L4-5. The requests for assistant surgeon, intraoperative spinal cord monitoring, and three-day facility stay were denied because the associated procedure was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-5 anterior/posterior lumbar decompression with interbody instrumented fusion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12th Edition (web), 2014, Low Back -- Fusion (spinal)

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

Decision rationale: CA MTUS states that surgical intervention is recommended for patients who have severe and disabling lower leg symptoms in the distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise; activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms; clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair; and failure of conservative treatment. In addition, CA MTUS states that there is no good evidence from controlled trials that spinal fusion alone is effective for treating any type of acute low back problem, in the absence of spinal fracture, dislocation, or spondylolisthesis if there is instability and motion in the segment operated on. However, this patient is lacking sufficient documentation of spinal instability to support the necessity of the requested procedure. Although the patient may indeed be a surgical candidate for spinal fusion at L4-5, there are no flexion/extension lumbar xrays available that show motion and significant listhesis at L4 on L5. The available CT and MRI do not show evidence of spondylolisthesis at L4-5. The patient does appear to have correlative exam and imaging findings of radiculopathy, which supports the decompressive portion of the procedure. However, the procedure as a whole cannot be certified at this time because the fusion portion is not supported. Therefore, the request for L4-5 anterior/posterior lumbar decompression with interbody instrumented fusion is not medically necessary.

Assistant surgeon: 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 Other Medical Treatment Guideline or Medical Evidence: American Association of Orthopaedic Surgeons Position Statement Reimbursement of the First Assistant at Surgery in Orthopaedics

Decision rationale: CA MTUS and ODG do not address this issue. American Association of Orthopaedic Surgeons Position Statement Reimbursement of the First Assistant at Surgery in Orthopaedics states on the role of the First Assistant: According to the American College of Surgeons: "The first assistant to the surgeon during a surgical operation should be a trained individual capable of participating and actively assisting the surgeon to establish a good working team. The first assistant provides aid in exposure, hemostasis, and other technical functions, which will help the surgeon carry out a safe operation and optimal results for the patient. The

role will vary considerably with the surgical operation, specialty area, and type of hospital. "The first assistant's role has traditionally been filled by a variety of individuals from diverse backgrounds. Practice privileges of those acting as first assistant should be based upon verified credentials reviewed and approved by the hospital credentialing committee (consistent with state laws)." In general, the more complex or risky the operation, the more highly trained the first assistant should be. Criteria for evaluating the procedure include:-anticipated blood loss -anticipated anesthesia time -anticipated incidence of intraoperative complications -procedures requiring considerable judgmental or technical skills -anticipated fatigue factors affecting the surgeon and other members of the operating team -procedures requiring more than one operating team. In limb reattachment procedures, the time saved by the use of two operating teams is frequently critical to limb salvage. It should be noted that reduction in costly operating room time by the simultaneous work of two surgical teams could be cost effective. However, the associated surgical procedure was not certified. Therefore, the request for assistant surgeon is not medically necessary.

Interoperative spinal cord monitoring: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

Three day facility stay: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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