MAXIMUS Federal Services

Case Number:	CM14-0042167		
Date Assigned:	08/04/2014	Date of Injury:	10/12/2013
Decision Date:	09/11/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	04/09/2014

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 Texas. 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 43 year old male who sustained an injury on 10/12/13 while unlocking a box. The box weighing approximately 40 pound was pulling and the injured worker felt a pop in the low back followed by numbness in the right and left lower abdominal areas. The injured worker was initially referred to chiropractic therapy which provided some temporary benefit. Medications have included antiinflammatories, muscle relaxers, and analgesics for pain relief which have provided temporary improvement only. The injured worker was also referred for physical therapy and has utilized a low back brace. MRI studies of the lumbar spine completed on 11/18/13 noted: a disc protrusion at L5 to S1 measuring six millimeters effacing the anterior aspect of the thecal sac, high signal at the left posterior margin of the disc consistent with an annular tear, facet arthropathy was noted without evidence of nerve root impingement or significant spondylolisthesis, and no motion segment instability or collapse of the disc space was noted. The clinical on 02/19/14 noted that the injured worker continued to have severe pain in the low back radiating to the right lower extremity. The injured worker reported no benefit from chiropractic treatment and described profound weakness in the right lower extremity. Physical examination noted weakness at the right plantar flexors and dorsa flexors, numbness and tingling in an S1 distribution to the right, severe stenosis at L5 to S1, and recommended the injured worker for a single level fusion at L5 to S1. The requested L5 to S1 posterior spinal fusion with transforaminal lumbar interbody fusion, instrumentation, surgical assistant, a two day inpatient stay, postoperative brace, external bone growth stimulator, bandages, and postoperative physical therapy for eighteen sessions were all denied by utilization review on 03/02/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 PSF (Posterior Spinal Fusion): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (updated 02/13/2014).

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

Decision rationale: The clinical documentation submitted for review did note continuing weakness in the right lower extremity with persistent low back pain complaints that had not improved with chiropractic treatment or medications. The injured worker also had no benefits from physical therapy. Imaging of the lumbar spine did note a disc protrusion at L5 to S1; however, there was no evidence of any motion segment instability, severe spondylolisthesis, or complete collapse of the disc space at L5 to S1 that would support lumbar fusion procedures for this injured worker. There was also no documented stenosis at L5 to S1 either at the central canal or at the neuroforamina as well as the lateral recesses that would support the objective findings noted on the February of 2014 clinical report. No other diagnostic testing was available for review establishing evidence of symptomatic stenosis in the lumbar spine that would reasonably require lumbar fusion procedures. The clinical documentation submitted for review also did not contain any preoperative psychological consult ruling out any confounding issues that could possibly impact postoperative recovery as recommended by guidelines. Given the insufficient objective evidence regarding pathology at L5 to S1 that would reasonably support the surgical request, the requested fusion procedure at L5 to S1 is not medically necessary at this time.

L5-S1 TLIF (Transforaminal Lumbar Interbody Fusion): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (updated 02/13/2014).

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

Decision rationale: The clinical documentation submitted for review did note continuing weakness in the right lower extremity with persistent low back pain complaints that had not improved with chiropractic treatment or medications. The injured worker also had no benefits from physical therapy. Imaging of the lumbar spine did note a disc protrusion at L5 to S1; however, there was no evidence of any motion segment instability, severe spondylolisthesis, or complete collapse of the disc space at L5 to S1 that would support lumbar fusion procedures for this injured worker. There was also no documented stenosis at L5 to S1 either at the central canal or at the neuroforamina as well as the lateral recesses that would support the objective findings noted on the February of 2014 clinical report. No other diagnostic testing was available for review establishing evidence of symptomatic stenosis in the lumbar spine that would reasonably

require lumbar fusion procedures. The clinical documentation submitted for review also did not contain any preoperative psychological consult ruling out any confounding issues that could possibly impact postoperative recovery as recommended by guidelines. Given the insufficient objective evidence regarding pathology at L5 to S1 that would reasonably support the surgical request, the requested fusion procedures at L5 to S1 is not medically necessary at this time.

L5-S1 PSI (Posterior Spinal Instrumentation): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (updated 02/13/2014).

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

Decision rationale: The clinical documentation submitted for review did note continuing weakness in the right lower extremity with persistent low back pain complaints that had not improved with chiropractic treatment or medications. The injured worker also had no benefits from physical therapy. Imaging of the lumbar spine did note a disc protrusion at L5 to S1; however, there was no evidence of any motion segment instability, severe spondylolisthesis, or complete collapse of the disc space at L5 to S1 that would support lumbar fusion procedures for this injured worker. There was also no documented stenosis at L5 to S1 either at the central canal or at the neuroforamina as well as the lateral recesses that would support the objective findings noted on the February of 2014 clinical report. No other diagnostic testing was available for review establishing evidence of symptomatic stenosis in the lumbar spine that would reasonably require lumbar fusion procedures. The clinical documentation submitted for review also did not contain any preoperative psychological consult ruling out any confounding issues that could possibly impact postoperative recovery as recommended by guidelines. Given the insufficient objective evidence regarding pathology at L5 to S1 that would reasonably support the surgical request, the requested fusion procedures at L5 to S1 is not medically necessary at this time.

Surgical Assistant: Upheld

Claims Administrator guideline: The Claims Administrator 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-Role of the First Assistant.

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 Orthopedics Surgeons Position Statement Reimbursement of the First Assistant at Surgery in Orthopedics.

Decision rationale: In regards to the request for a surgical assistant, the surgical procedures requested for this injured worker were not felt to be medically appropriate. Therefore, there

would be no requirement for a surgical assistant at this point in time. Therefore, this request is not medically necessary.

2 days inpatient stay (RFA 2-24-2014): 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 02/13/2014) Hospital length of stay (LOS).

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, Hospitalization.

Decision rationale: In regards to the request for a two day inpatient stay, the surgical procedures requested for this injured worker were not felt to be medically appropriate. Therefore, there would be no requirement for an inpatient stay at this point in time. Therefore, this request would not have been recommended as medically necessary.

Post-operative brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (updated 02/13/2014) Back brace, post operative 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, Back Brace Post-operative.

Decision rationale: In regards to the request for a lumbar brace, the surgical procedures requested for this injured worker were not felt to be medically appropriate. Therefore, there would be no requirement for a postoperative lumbar brace at this point in time. As such, this request is not medically necessary.

External 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) Low Back (updated 02/13/2014) Bone growth simulators (BGS).

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 stimulator.

Decision rationale: In regards to the request for a postoperative bone growth stimulator, the surgical procedures requested for this injured worker were not felt to be medically appropriate.

Therefore, there would be no requirement for a postoperative bone growth stimulator at this point in time. As such, this request is not medically necessary medically necessary.

Box Island Bandage: 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 02/13/2014) Wound dressings.

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, Wound Dressings.

Decision rationale: In regards to the request for a box of island bandages, the surgical procedures requested for this injured worker were not felt to be medically appropriate. Therefore, there would be no requirement for bandages at this point in time. As such, this request is not medically necessary.

Post operative initial physical therapy, RFA 2/24/2014, quantity 18: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25.

Decision rationale: In regards to the request for postoperative physical therapy for eighteen sessions, the surgical procedures requested for this injured worker were not felt to be medically appropriate. Therefore, there would be no requirement for postoperative physical therapy at this point in time. As such, this request is not medically necessary.