

Case Number:	CM14-0051965		
Date Assigned:	07/07/2014	Date of Injury:	01/28/2008
Decision Date:	08/11/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	04/21/2014

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 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 48 year old female who had a work related injury on 01/20/08. The injured worker was working as a recreation aide, she was sitting in a chair, when all four legs of the chair broke, causing her to fall on her buttocks, and struck her knee against a nearby desk. The injured worker felt immediate pain in the low back and bilateral knees. The injured worker continued working and finished her shift noting increasing pain. The injured worker went to the company doctor, had x-rays, and was provided medication. Conservative treatment was recommended and she underwent 12 sessions of physical therapy with no benefit. The injured worker had acupuncture, physical therapy facet blocks, lumbar rhizotomy with no relief. The injured worker had used medication, more extensive physical therapy. MRI on 07/25/13 at L2-3 showed dehiscence of the nucleus pulposus with a 6mm posterior disc bulge indenting the anterior portion of the lumbosacral sac. Neural foramina were patent. Lateral recesses were clear. Minimal compromise of the AP sagittal diameter of the lumbosacral canal. L3-4 showed dehiscence of the nucleus pulposus with a 4mm posterior disc bulge indenting the anterior portion of the lumbosacral sac. Neural foramina were patent. Lateral recesses were clear. Minimal compromise of the AP sagittal diameter of the lumbosacral canal. L4-5 showed tear of the annulus of the posterior nucleus pulposus with a 7mm posterior disc protrusion indenting the anterior portion of the lumbosacral sac causing moderate decrease in AP sagittal diameter. Bony hypertrophy of the articular facets. Neural foramina were patent. Minimal compromise of the AP sagittal diameter. L5-S1 showed grade 1 spondylolisthesis of L5 on S1, dehiscence of the nucleus pulposus with a 4mm posterior disc protrusion indenting the anterior portion of the lumbosacral sac. Neural foramina were patent. Lateral recesses were clear. Bilateral fluid in interface joints with hypertrophy of the articular facets. Physical examination dated 03/19/14 she had tenderness to palpation along lumbar spine. Forward flexion to only 20 degrees and

extension to 10 degrees and rotation to 40 degrees without issues. The injured worker had decreased L5 strength on the left side of approximately 4/5. All other muscle strengths were 5/5. Sensory exam sensation intact, however she had decreased sensation along the left L5 dermatomal pattern. Reflexes were equal and symmetrical. Radiographic findings x-rays showed significant grade II spondylolisthesis at L5-S1 with instability on flexion/extension. Request was for spinal L4 S1 decompression with L5-S1 posterior lumbar fusion and interbody fusion. Medical clearance pre-operative. Surgery assistant surgeon. Inpatient hospital stay for three to four days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgery - Spinal L4-S1 Decompression with L5-S1 Posterior Lumbar Fusion and Interbody Fusion: Overturned

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

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 (spinal)Discectomy/ laminectomy.

Decision rationale: The request for Surgery - Spinal L4-S1 decompression with L5-S1 posterior lumbar fusion and interbody fusion is medically necessary. The clinical documentation submitted for review supports the request for surgery. She has decreased L5 strength on the left side of approximately 4/5. Sensory exam, sensation intact however she had decreased sensation along the left L5 dermatomal pattern. MRI dated 07/25/13, L4-5 showed tear of the annulus of the posterior nucleus pulposus with a 7mm posterior disc protrusion indenting the anterior portion of the lumbosacral sac causing moderate decrease in AP sagittal diameter. Bony hypertrophy of the articular facets. Neural foramina were patent. Minimal compromise of the AP sagittal diameter. L5-S1 showed grade 1 spondylolisthesis of L5 on S1, dehiscence of the nucleus pulposus with a 4mm posterior disc protrusion indenting the anterior portion of the lumbosacral sac. Radiographic findings x-rays showed significant grade II spondylolisthesis at L5-S1 with instability on flexion/extension. Therefore medical necessity has been established.

Medical Clearance Pre-Operative: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 11th Edition (web), 2013, Low Back - Lumbar and Thoracic (Acute and Chronic).

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 lab testing.

Decision rationale: The request for preop clearance is not medically necessary. The clinical documentation submitted for review does not support the request. The injured worker is a 48 year old female with no documentation of comorbidities that would necessitate preop clearance, other than normal, routine preop labs. As such, medical necessity has not been established.

Surgery Assistant Surgeon: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Surgeons (web), Physicians as Assistants at Surgery: 2013 Study (Revised December 6, 2013) <http://www.facs.org/ahp/pubs/pubs.html>.

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: Physicians as Assistants at Surgery 2011 study, page 28.

Decision rationale: The request for Surgery Assistant Surgeon is medically necessary. Due to the complexity of the case an assistant surgeon is medically necessary. It is unreasonable to expect the primary surgeon to perform the surgery alone. Therefore medical necessity has been established.

In-patient Hospital Stay for Three to Four Days: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hospital Length of Stay 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, Hospital length of stay (LOS).

Decision rationale: The request for In-patient Hospital Stay for Three to Four Days is medically necessary. Guidelines, Actual data -- median 3 days; mean 3.9 days best practice target (no complications)- 3 day. As such, medical necessity has been established based on Official Disability Guidelines.