

<b>Case Number:</b>	CM14-0061630		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	07/31/2007
<b>Decision Date:</b>	08/11/2014	<b>UR Denial Date:</b>	04/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/02/2014

### 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 47-year-old who sustained an injury on July 31, 2007. No specific mechanism of injury was noted. The injured worker has been followed for ongoing complaints of low back pain radiating to the lower extremities. The injured worker is noted to have had multiple prior surgeries to include an L5-S1 anterior lumbar interbody fusion followed by an adjacent level interbody fusion at L4-5 performed on October 21, 2013. Postoperatively, the injured worker was reported to have done well until several months following surgery when she developed an onset of returning left lower extremity symptoms that had become steadily worse over time. The injured worker had been referred back to physical therapy by the attending surgeon. The clinical report on February 21, 2014 reported no evidence of abnormal gait or evidence of long track signs. The injured worker was grossly intact in regards to sensory and motor findings in the lower extremities. However, CT studies were recommended for the lumbar spine and completed on March 19, 2014. The study noted an interbody fusion at L4-5 and at L5-S1 with a left sided pedicle fixation plate. There did appear to be a fusion at both levels without evidence of spondylolysis. Some facet arthropathy was noted to the left side at L5-S1; however, there was no evidence of hardware loosening or disruption. There was some slight anterior displacement to the interbody fusion graft at L4-5. There was some lucency across the bone plug at L5-S1 centrally. Moderate narrowing of the left lateral recess at L5-S1 was noted; however, the neuroforamina did appear to be patent. Adjacent to the lucency, there did appear to be incorporation of the end plates at L5-S1. The injured worker was seen by a treating physician on March 21, 2014. The injured worker continued to report complaints of low back pain radiating through the left lower extremity that was severe. The injured worker demonstrated weakness in the left hip on flexion with a positive straight leg raise to the left. The recommendation was for decompression to the left at L5-S1 due to failure of conservative

treatment. The requested L5-S1 decompression with an assistant surgeon as well as preoperative laboratory studies and EKG, a 1 day inpatient stay, and postoperative physical therapy for twelve sessions were denied by utilization review on April 8, 2014.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **L5-S1 decompression with assistant surgeon: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (Low back chapter).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:-American Association of Orthopaedics Surgeons Position Statement Reimbursement of the First Assistant at Surgery in Orthopaedics.

**Decision rationale:** The injured worker does present with a recurrence of radicular symptoms affecting the left lower extremity with secondary complaints of low back pain. The injured worker described clear S1 radiculopathy that was severe in nature. The injured worker was only able to ambulate with a front wheeled walker. Although the injured worker was scheduled to start physical therapy, it is unclear at this point in time how the injured worker would reasonably benefit from physical therapy when the contributing factor to the radiculopathy was bony involvement at L5-S1 contributing to left S1 nerve root compression. The injured worker's physical examination findings are consistent with an S1 radiculopathy that correlates with imaging findings noting abutment of the S1 nerve root due to spurring. There was also left lateral recess stenosis noted on imaging. Given the failure of conservative treatment to date and the injured worker's clear evidence of an S1 radiculopathy due to bony involvement, this reviewer would have recommended the surgical request as medically appropriate. Due to the complexity of the injured worker's current clinical condition as well as the complexity of the surgical intervention, this reviewer would have recommended the requested assistant surgeon as medically necessary as the primary surgeon could not have reasonably completed these procedures by himself. The request for L5-S1 decompression with assistant surgeon is medically necessary and appropriate.

#### **Pre-operative labs and EKG (electrocardiogram): Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Practice advisory for Preanesthesia Evaluation, A Report by the American Society of Anesthesiologists Task Force on Pre-anesthesia Evaluation.

**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, Pre-operative testing, General.

**Decision rationale:** In regards to the request for preoperative laboratory studies as well as EKG, this reviewer would have recommended these requests as medically necessary. Preoperative laboratory studies as well as EKG would be indicated for the procedures requested to rule out any comorbid conditions that could impact postoperative outcomes or increase the risks for anesthesia in the surgical intervention. Therefore, the request for pre-operative labs and EKG is medically necessary and appropriate.

**A one day inpatient stay:** 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 (LOS) 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, Hospitalization.

**Decision rationale:** In regards to the requested one day inpatient stay, this request would be medically necessary and consistent with guideline recommendations. Following the proposed surgical procedures, the injured worker would need a one day inpatient stay for postoperative monitoring regarding complications such as infection as neurological compromise. Therefore, the request for a one day inpatient stay is medically necessary and appropriate.

**Twelve sessions of post-operative physical therapy:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

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

**Decision rationale:** In regards to the request for postoperative physical therapy for 12 sessions, this reviewer would have recommended this request as medically necessary. Following the proposed surgical procedure, the injured worker would reasonably require postoperative physical therapy to address functional deficits to include weakness and loss of range of motion. The request for twelve sessions of post-operative physical therapy is medically necessary and appropriate.