

<b>Case Number:</b>	CM14-0073791		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	10/02/2012
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	04/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2014

### 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, has a subspecialty in Orthopedic Sports Medicine and is licensed to practice in Maryland. 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 sustained an injury on 10/02/12. Medications included anticonvulsants and antidepressants. Magnetic resonance image of the lumbar spine from 01/07/13 noted spondylolysis at L5 with 10mm anterolisthesis of L5 on S1. There was mild to moderate neural foraminal narrowing. Electrodiagnostic studies from 01/06/14 noted no evidence of radiculopathy. The injured worker had prior medial branch blocks of the lumbar spine from L4 through S1 in 06/14. The injured worker reported no prior relief with epidural steroid injections. Radiographs reportedly showed evidence for spondylolisthesis and pars defect at L5-S1. As of 03/24/14 the injured worker reported low back pain radiating to the lower extremities left side worse than right. Based on physical examination findings range of motion was limited in the lumbar spine with straight leg raise positive to the left and mildly positive to the right. No motor weakness was identified. Due to the amount of anterolisthesis on imaging the L5-S1 anterior lumbar interbody fusion recommendation was made. The requested surgical procedures with add on requests were denied by utilization review on 04/29/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L5-S1 anterior lumbar interbody fusion:** Overturned

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

- Treatment in Workers Compensation, Low back Procedure Summary (Updated 03/18/2014), Indications for surgery.

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

**Decision rationale:** The injured worker presented with imaging evidence consistent with spondylitic spondylolisthesis secondary to pars defects and measured 10mm indicating grade 2 spondylolisthesis. This would be a surgical candidate due to the amount of instability at L5-S1. The injured worker failed a reasonable amount of conservative treatment to date and it was highly unlikely that the injured worker would further improve with continuing non-operative care. Given that the symptomology was not exclusively due to mechanical low back pain or discogenic low back pain there would not be any indication for pre-operative psychological evaluation. Clinical documentation also did not indicate any psychological concerns for the injured worker. As the clinical documentation submitted for review meets guideline recommendations regarding lumbar fusion procedures this request is medically necessary.

**Assistant Vascular Surgeon:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy of Orthopedic Surgeons (AAOS) Position Statement Reimbursement of the First Assistant in Orthopedics, 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 Orthopaedics Surgeons Position Statement Reimbursement of the First Assistant at Surgery in Orthopaedics.

**Decision rationale:** The request for assistant vascular surgeon is medically appropriate. The anterior procedures would reasonably require vascular surgeon to make the initial approach to L5-S1. This would be considered standard of care and medically appropriate.

**Preoperative Medical Clearance:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers Compensation, Low back Procedure Summary (Updated 03/18/2014).

**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:** The request for pre-operative medical clearance is medically appropriate. Given the age of the injured worker and extensive procedures requested a pre-operative medical clearance would be needed in order to identify any comorbid conditions that would elevate risk

factors for anesthesia in surgery. This is also standard of care and would be medically appropriate.

**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 - Treatment in Workers Compensation, Low back Procedure Summary (Updated 03/18/2014), Criteria for the use of Invasive and Non-invasive electrical bone growth stimulators.

**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:** The request for bone growth stimulator is not medically appropriate. The injured worker had prior smoking history however she stopped in 2006. There was no ongoing smoking condition, evidence of diabetes or other conditions that would reasonably place the injured worker at a higher risk level for post-operative non-union or development of pseudoarthrosis that would require the use of bone growth stimulator. Therefore this request is not medically appropriate.

**Inpatient Hospital stay 2-3 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 - Treatment in Workers Compensation, Low back Procedure Summary (Updated 03/18/2014); 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:** The requested injured worker hospital stay for two to three days is medically appropriate. Two to three day stay would be medically indicated to evaluate the injured worker post-operatively for any potential complications including infection or neurological compromise. This would be standard of care and within guideline recommendations and would be medically appropriate.

**Front Wheeled Walker: 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 in Workers Compensation, Knee and Leg Procedure Summary (Updated 01/09/2013).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Walking Aids.

**Decision rationale:** The request for front wheel walker is not medically appropriate. The injured worker did not have any pre-operative assessments indicating substantial functional limitations that would reasonably require front wheel walker versus other ambulatory devices such as a cane. Therefore this request is not medically appropriate.

**Postoperative lumbosacral orthosis (LSO):** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

**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:** The request for post-operative low back brace is medically appropriate. Low back brace would be indicated to reduce post-operative pain levels and allow for appropriate consolidation of fusion graft and prevent complications in the hardware.