

Case Number:	CM14-0078793		
Date Assigned:	08/08/2014	Date of Injury:	09/29/2009
Decision Date:	09/12/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/29/2014

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 60-year-old male sustained an industrial injury on 9/29/09. The mechanism of injury was not documented. The patient was status post anterior/posterior revision decompression fusion at L3-S1 with removal of lumbar hardware in 2007, lumbar interbody fusion and decompression at L2-L3 in June 2010, and thoracic laminectomy for placement of a permanent spinal cord stimulator on 2/14/13. The patient also underwent a quintuple cardiac bypass in December 2013. The 7/15/11 lumbar CT scan revealed post-op changes at L2-L3 consistent with anterior and posteriolateral fusion. Thoracic spine x-rays performed in June 2013 indicated that the paddle stimulator leads are at the T7T8 level. Records indicated that the patient did not have complete coverage with the spinal cord stimulator and requested removal. Removal was previously certified but delayed as additional procedures were requested. The 4/11/14 treating physician progress report cited back pain with intermittent radiation to the legs and significant tenderness over the battery and paddle incision sites. Repetitive motion of the low back resulted in severe muscle pain with spasms. Physical exam documented significant pain with palpation at the mid-thoracic level, severe pain over the battery on the right buttock region, and palpable pedicle head screws at the L2/3 level with increasing pain on extension. There was guarding with extension and palpation. There was a straight leg raise test and grossly intact motor exam. The treating physician requested a psychological evaluation prior to the patient undergoing extensive thoracolumbar spine surgery. He noted that surgery should only be considered after the patient had been cleared from a psychological standpoint. The 4/29/14 utilization review denied the request for lumbar surgery and associated requests pending psychological clearance for surgery. The request for a psychological evaluation was certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Removal of Spinal Cord Stimulator (SCS) implant/battery: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines regarding spinal cord stimulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS) Page(s): 105-107.

Decision rationale: The California MTUS recommend the use of spinal cord stimulator only for selected patients in cases when less invasive procedures have failed or are contraindicated. Indications included failed back syndrome, defined as persistent pain in patients who have undergone at least one previous back surgery, and complex regional pain syndrome. Removal of the spinal cord stimulator and components for failed response is consistent with guidelines. The patient has reported incomplete relief of pain and is experiencing discomfort and significant palpable pain over the battery and paddle sites. This request is linked to a larger thoracolumbar hardware removal and fusion exploration which is pending psychological clearance. As the thoracolumbar surgical request has not been established as medically necessary, this request is also not currently medically necessary.

Removal of hardware and exploration of fusion at L2-L3: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306.

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 - Lumbar & Thoracic, Hardware implant removal (fixation).

Decision rationale: The California MTUS does not provide recommendations relative to lumbar hardware removal. The Official Disability Guidelines do not recommend the routine removal of hardware implanted for fixation, except in the case of broken hardware or persistent pain, after ruling out other causes of pain such as infection and nonunion. Although hardware removal is commonly done, it should not be considered a routine procedure. Guideline criteria have not been met. The patient presents with palpable pedicle head screws at the L2/3 level with increasing pain reported on extension. CT scan documented anterior and posteriolateral fusion at L2/3. Laboratory testing does not suggest infection. A confirmatory hardware injection is not documented. The provider has requested psychological clearance prior to surgery. Psychological clearance is not noted in the records. Therefore, this request is not medically necessary.

Revision thoracic laminectomy at T7-8: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 202-208. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic, Laminectomy/ laminotomy.

Decision rationale: The California MTUS supports decompression surgery as an effective treatment for patients with symptomatic spinal stenosis that is intractable to conservative management. The Official Disability Guidelines support the use of laminectomy for lumbar spinal stenosis. There is no clear rationale to support the medical necessity of a revision thoracic laminectomy at T7/8 relative to the diagnosis of spinal stenosis. Prior laminectomy was noted to allow for spinal cord stimulator placement. Surgery is currently delayed pending psychological clearance. Psychological clearance is not noted in the records. Therefore, this request is not medically necessary.

Internal medicine preoperative medical clearance to include: CXR, labs and EKG: 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 medically necessary, none of the associated services are medically necessary.

Lumbar brace set up: 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 medically necessary, none of the associated services are medically necessary.

18 postoperative physical therapy sessions (9 land and 9 aquatic): 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 medically necessary, none of the associated services are medically necessary.

2 day inpatient 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 medically necessary, none of the associated services are medically necessary.

Psychological evaluation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Regarding psychological screening.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306.

Decision rationale: The California MTUS recommends psychological screening prior to low back surgery to improve surgical outcomes. Guideline criteria have been met. This request is consistent with guidelines for the extensive thoracolumbar surgery being requested. Therefore, and consistent with the original utilization review decision, this request is medically necessary.