

Case Number:	CM14-0086060		
Date Assigned:	07/23/2014	Date of Injury:	04/24/2007
Decision Date:	08/29/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	06/09/2014

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 57-year-old female who reported an injury on 04/24/2007 reportedly sustained injuries to her hands, back, and left knee when she fell in the parking lot. The injured worker's treatment history included CT scan, MRI, EMG/NCV, surgery, medication, x-rays, Synvisc injections, and psychological evaluation. The injured worker had undergone an L5-S1 anterior and posterior fusion with instrumentation in 2009 with hardware removal 11/13/2012. The injured worker had undergone an MRI of the lumbar spine on 04/08/2013 that revealed L5-S1 surgical changes with 6 mm of anterolisthesis. Severe right and moderate left foraminal narrowing and abutment of the exiting L5 nerve root was noted. The Injured worker was evaluated on 05/03/2014, and it was documented she complained of increased knee pain and continued to limp. Her back, neck, and left shoulder pain had increased. Injured worker complained of 7/10 level pain in her low back radiating to the thighs, buttocks, knees, calves, and feet bilaterally. The pain was present about 50% of the day. The pain increased to a 9/10 level with walking and sitting. Medications reduced the pain to an 8/10. Her neck pain was constant with a pain level of 6/10. The pain increased to an 8/10 to 9/10 level with movement, activity, or cold temperatures. When the pain increased it radiated to the left shoulder down the left arm to her left hand and fingers. Medications reduced the pain to 5/10. On physical examination she ambulated with a cane with a slow limp and complained of strong right knee and low back pain. Forward bend was limited to 20 degrees with back pain. Range of motion, sitting, she was able to flex it beyond 90 degrees with pain in the knee. Provider was unable to check range of motion because flexion of hip caused back pain and spasms. In the documentation, the provider noted the injured worker had failed back syndrome, lumbar radiculopathy, and chronic pain syndrome. Diagnoses included status post lumbar fusion, status post removal of hardware posteriorly, depression, bilateral shoulder pain, AC joint arthrosis, impingement, neck pain, headaches,

bilateral wrists conditions, and bilateral elbow medial epicondylitis. Treatment recommendations were weight loss, aqua therapy, and physical therapy. The provider noted the injured worker would undergo a caudal Epidural Steroid Injection, as well as a possible Facet Injections. If these treatments failed, the injured worker may be a candidate for spinal cord stimulators. Medications included Wellbutrin, Lantus, Zolpidem, Clonazepam, Trazodone, Omeprazole, Tizanidine, Norco, and Gabapentin. The Request for Authorization or rationale were not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Re-section of the Pseudoarthrosis and revision of the lumbar fusion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-311.

Decision rationale: The requested service is not medically necessary. According to the California MTUS/ACOEM Guidelines, a referral for surgical consultation is indicated for patients who have: Persistent, severe, and disabling shoulder or arm symptoms; Activity limitation for more than one month or with extreme progression of symptoms; Clear clinical, imaging, and electrophysiologic evidence, consistently indicating the same lesion that has been shown to benefit from surgical repair in both the short- and long-term; Unresolved radicular symptoms after receiving conservative treatment. The efficacy of cervical fusion for patients with chronic cervical pain without instability has not been demonstrated. If surgery is a consideration, counseling and discussion regarding likely outcomes, risks and benefits, and especially expectations is essential. Patients with acute neck or upper back pain alone, without findings of serious conditions or significant nerve root compromise, rarely benefit from either surgical consultation or surgery. If there is no clear indication for surgery, referring the patient to a Physical Medicine and Rehabilitation (PM&R) specialist may help resolve symptoms. Based on extrapolating studies on low back pain, it also would be prudent to consider a psychological evaluation of the patient prior to referral for surgery. The documents submitted failed to indicate prior imaging studies and failed outcome measurements of conservative measurements. The documents submitted for review failed to indicate objective findings of pseudarthrosis. In addition, there was no evidence that the L5-S1 spondylolisthesis is progressive or unstable after prior fusion. Given the above, the request for resection of the pseudoarthrosis and revision of the lumbar spine is medically not necessary.

Pre-op medical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 (Acute & Chronic) Preoperative Testing, General.

Decision rationale: The requested is medically not necessary. According to the Official Disability Guidelines (ODG), it recommends preoperative testing in general. Preoperative additional tests are excessively ordered, even for young patients with low surgical risk, with little or no interference in perioperative management. Laboratory tests, besides generating high and unnecessary costs, are not good standardized screening instruments for diseases. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Preoperative routine tests are appropriate if patients with abnormal tests will have a preoperative modified approach (i.e., new tests ordered, referral to a specialist or surgery postponement). Testing should generally be done to confirm a clinical impression, and tests should affect the course of treatment. The documents submitted for review failed to indicate objective findings of pseudarthrosis. In addition, there was no evidence that the L5-S1 spondylolisthesis is progressive or unstable after prior fusion. Given the above, the request for pre-op medical clearance would not be medically necessary since the surgery is not recommended.