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| Case Number: | CM13-0013273 | | |
| Date Assigned: | 09/25/2013 | Date of Injury: | 02/27/2012 |
| Decision Date: | 05/01/2015 | UR Denial Date: | 08/08/2013 |
| Priority: | Standard | Application Received: | 08/16/2013 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Oregon, California

Certification(s)/Specialty: Neurological Surgery

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 46-year-old male who reported injury on 02/27/2012. The mechanism of injury was not provided. Prior therapies included acupuncture, physical therapy and chiropractic care. Documentation of 07/31/2013 revealed the injured worker had pain with range of motion that was restricted to approximately 10 degrees. The injured worker had no epidural steroid injections; however, the injured worker did not desire temporary treatment with lumbar epidural steroid injections. His strength was normal. X-rays revealed severe disc space narrowing at L5-S1 with no evidence of instability at the levels above the degeneration. The injured worker was noted to undergo an MRI in 03/2012 with evidence of severe disc space collapse and degenerative disc degeneration at L5-S1. There is moderate to severe bilateral neural foraminal stenosis at this segment. There was left lateral disc protrusion and some facet joint and ligamentum flavum hypertrophy at L3-4. At L4-5, there was evidence of some facet joint and hypertrophic changes at L4-5. The diagnosis included severe degenerative joint disease and collapsed L5-S1 and moderate to severe neural foraminal stenosis at L5-S1. There was mild to moderate lateral recess stenosis at L3-4 and L4-5. The treatment plan included surgical intervention in the form of a lumbar laminectomy, decompression and fusion at L5-S1 with a microdecompression at L3-4 and L4-5. Additionally, it was indicated the adjacent levels of L3-4 and L4-5 need to be evaluated with preoperative discography. There was a Request for Authorization submitted for review dated 08/01/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior and posterior fusion for L5-S1 and decompression for L3-S1: 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, Low Back Procedure Summary.

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

Decision rationale: The American College of Occupational and Environmental Medicine indicate a surgical consultation may be appropriate for injured workers who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies preferably with accompanying objective signs of neural compromise. There should be documentation of activity limitations due to radiating leg pain for more than 1 month or the extreme progression of lower leg symptoms, and clear clinical, imaging and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair and documentation of a failure of conservative treatment to resolve disabling radicular symptoms. The injured worker underwent acupuncture, physical therapy and chiropractic care. The injured worker would not benefit from an epidural steroid injection for his chronic pain. As such, there was an exhaustion of conservative care. The injured worker had decreased range of motion. The MRI findings revealed ligamentum flavum redundancy at L3-L5 with disc desiccation. There was mild narrowing of the left neural foramen at L3-L4. At L4-L5, there was mild narrowing of the bilateral neural foramen. The central canal was patent. At L5-S1 there were findings of advanced degenerative disc disease with a 4mm diffuse broad based disc bulge and there was moderate to severe bilateral neural foraminal stenosis. The central canal was patent. The patient had clear one level pathology clinically and on MRI which was non-responsive to conservative care. There would no need for electrodiagnostic studies due to the findings on MRI. Given the above, the request for anterior and posterior fusion for L5-S1 and decompression for L3-S1 is medically necessary.

Pre-operative discogram with CT to follow L3-4, L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): s 304-305. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Procedure Summary.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): s 303-305.

Decision rationale: The American College of Occupational and Environmental Medicine indicate that discography is not recommended for assessing patients with acute low back symptoms. It is not supported as a preoperative indication and should be reserved for patients who have back pain of at least 3 months' duration, a failure of conservative treatment and satisfactory results from a detailed psychosocial assessment. The clinical documentation

submitted for review failed to provide documentation the injured worker had a psychosocial assessment. There was a lack of documentation of a failure of all conservative care. Given the above, the request for preoperative discogram with CT to following, L3-4 and L4-5 is not medically necessary.

Pre-operative medical clearance: Overturned

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 Society of General Internal Medicine: <http://www.choosingwisely.org?s=preoperative+surgical+clearance&submit=>.

Decision rationale: Per the Society of General Internal Medicine Online, "Preoperative assessment is expected before all surgical procedures". As the surgical intervention is medically necessary, the pre-operative clearance is medically necessary.

Associated Surgical Service: Assistant surgeon: Overturned

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 Chapter, Surgical assistant.

Decision rationale: The Official Disability guidelines support the use of a surgical assistant for a complex surgery. The surgical intervention was found to be medically necessary and would be a complex surgery. As such, the request for an ASSISTANT SURGEON is medically appropriate.

Associated Surgical Service: Back brace: 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 Chapter, Back brace, post operative (fusion).

Decision rationale: The Official Disability Guidelines indicate that there is no scientific information on the benefit of bracing for improving fusion rates or clinical outcomes following instrumented lumbar fusion for degenerative disease. Although there is a lack of data on outcomes, there may be a tradition in spine surgery of using a brace post-fusion, but this tradition may be based on logic that antedated internal fixation, which now makes the use of a brace

questionable. The use of the back brace would not be supported. There was a lack of documentation of exceptional factors. Given the above, the request for BACK BRACE is not medically necessary.