

Case Number:	CM14-0136704		
Date Assigned:	09/08/2014	Date of Injury:	12/05/2011
Decision Date:	03/27/2015	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/22/2014

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. 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: Texas, Ohio, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of December 12, 2011. In a Utilization Review Report dated August 6, 2014, the claims administrator failed to approve a request for a lumbar fusion surgery, an associated hospitalization, an assistant surgeon, a front-wheel walker, a lumbar support, a commode, and Voltaren. The claims administrator referenced an RFA form dated July 24, 2014 and a progress note of July 10, 2014 in its determination. The claims administrator contended that the attending provider had failed to submit clear radiographic evidence of radiculopathy. The claims administrator seemingly denied the request for Voltaren on the grounds that Voltaren was not ODG's formulary. The applicant's attorney subsequently appealed. On July 10, 2014, the attending provider appealed the previously denied surgery, noting that the applicant was working despite worsening pain. A 30-pound lifting limitation was endorsed. The attending provider contended that the applicant had had used heightened amounts of medications owing to increasing pain. On April 17, 2014, the applicant reported severe, 10/10 low back pain following a motor vehicle accident of December 12, 2011. Positive straight leg raising was noted about the bilateral lower extremities. The attending provider stated that the applicant had an L5-S1 radiculopathy and evidence of neuroforaminal stenosis at the L5-S1 level noted on MRI imaging. The applicant also had instability on flexion-extension x-rays with associated retrolisthesis evident. The attending provider stated that the applicant had severe left-sided sciatica which had proven recalcitrant to conservative treatment. An L5-S1 fusion surgery was endorsed. Electrodiagnostic testing of

November 8, 2013 was notable for mild, chronic, active L5-S1 radiculopathy. Lumbar MRI imaging of September 30, 2014 was notable for exiting nerve root compromise, bilateral, at the L5-S1 levels with an associated 3-mm anterior disk protrusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Laminectomy Posterior Spinal Fusion With Instrumentation Post Lateral Interbody Fusion L5-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 (ODG-TWC)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 310, 307.

Decision rationale: 1. Yes, the proposed laminectomy-fusion surgery at L5-S1 is medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 310, it is "recommended" that a treating provider discuss surgical options with persistent severe sciatica with clinical evidence of nerve root compromise if significant symptoms persist after four to six weeks of conservative therapy. Here, the applicant has significant left-sided radicular complaints which have proven recalcitrant to several years of conservative treatment including time, medications, physical therapy, etc. The applicant does have radiographically confirmed at the level in question, L5-S1, per MRI imaging of September 12, 2013. Electrodiagnostic testing, also referenced above, was positive for radiculopathy at the L5-S1 level. ACOEM Chapter 12, page 307 further notes that applicants with increased spinal instability and/or associated degenerative spondylolisthesis may be candidates for fusion surgery. Here, the treating provider indicated in his progress note of April 17, 2014 that the applicant did have evidence of instability on flexion-extension films of the lumbar spine with associated retrolisthesis and spondylolisthesis, also noted on earlier lumbar imaging of September 30, 2013. Moving forward with a surgical remedy to include the proposed laminectomy and fusion procedure is, thus, indicated, for all of the stated reasons. Therefore, the request is medically necessary.

5 Day IP Hospital 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 (ODG-TWC)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back Chapter Hospital Length of Stay Guidelines

Decision rationale: 2. The associated five-day inpatient hospitalization is likewise medically necessary, medically appropriate, and indicated here. The MTUS does not address the topic. The five-day hospitalization stay is essentially in-line with the ODG Low Back Chapter Hospital Length of Stay Guidelines best practice target of three days of hospitalization following a lumbar fusion-posterior surgery, as was also approved above. Therefore, the request is medically necessary.

Assistant Surgeon: 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-TWC)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physicians as Assistants at Surgery: 2013 Study Participating Organizations: American College of Surgeons

Decision rationale: 3. The request for an assistant surgeon is likewise medically necessary, medically appropriate, and indicated here. The MTUS does not address the topic. However, the American College of Surgeons (ACS) notes that a laminectomy-discectomy procedure at one or two vertebral levels "almost always" requires an assistant surgeon. The request for an assistant surgeon is, thus, in-line with ACS recommendation. Therefore, the request is medically necessary.

Front-Wheel 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 (ODG-TWC)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301, Chronic Pain Treatment Guidelines Power mobility devices (PMDs) Page(s): 99.

Decision rationale: 4. The request for a front-wheel walker is not medically necessary, medically appropriate, or indicated here. As noted on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines, power mobility devices are not recommended if an applicant's functional mobility deficits can be sufficiently resolved through usage of a cane, walker, or manual wheelchair. Here, however, the attending provider sought the manual walker as a matter-of-course. There was no clear or compelling evidence that the applicant would necessarily be homebound, bedbound, or nonambulatory following the single-level lumbar spine surgery. The MTUS Guideline in ACOEM Chapter 12, page 301 further notes that every attempt should be made to maintain applicants at maximum levels of activity, including work activities. Provision of a walker, thus, by implication, would counter to this principle as it would reduce the applicant's overall level of function postoperatively. Again, it was/is not necessarily inevitable that the applicant's mobility would be significantly limited postoperatively. Therefore, the request for a front-wheel walker was not medically necessary.

Custom-Molded Tlso Brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG-TWC)

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 301.

Decision rationale: 5. Similarly, the request for a custom lumbar support molded brace was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 301, lumbar supports have not been shown to have any benefit beyond the acute phase of symptom relief. Here, the applicant was well outside of the acute phase of symptom relief as of the date of the request following an industrial injury of December 5, 2011. Introduction, selection, and/or ongoing usage of a lumbar support were not indicated at this late stage in the course of the claim, either preoperatively or postoperatively. Therefore, the request was not medically necessary.

3 In 1 Commode: 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 ODG's Knee Chapter Durable Medical Equipment topic

Decision rationale: 6. The request for a three-in-one commode was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. While ODG's Knee Chapter Durable Medical Equipment topic notes that durable medical equipments such as commodes and the like may be employed when prescribed as part of the medical treatment plan for injury or conditions which result in physical limitations, in this case, as with the request for a walker, it was/is not necessarily inevitable that the applicant would be debilitated postoperatively and/or unable to ambulate to the restroom of his own accord. Therefore, the request for a three-in-one bedside commode was not medically necessary.

Voltaren: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: 7. Finally, the request for Voltaren, an anti-inflammatory medication, was medically necessary, medically appropriate, and indicated here. As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, anti-inflammatory medications such as

Voltaren do represent the traditional first-line treatment for low back pain, the primary operating diagnosis present here. The attending provider did report on April 17, 2014 that the applicant's pain complaints were increasingly severe. The attending provider did suggest both on that date and on a later office visit of July 10, 2014 that the applicant had responded favorably to ongoing usage of Voltaren as evinced by his successful return to work. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.