

Case Number:	CM14-0189161		
Date Assigned:	11/20/2014	Date of Injury:	04/22/2002
Decision Date:	01/08/2015	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	11/12/2014

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 Surgeon and is licensed to practice in Georgia and South Carolina. 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 68 year old female who reported an injury on 04/22/2002 due to a slip and fall. On 01/31/2014 she underwent an MRI of the lumbar spine which revealed grade 1 anterolisthesis at L4-L5, L3-L4 and L5-S1 posterior disc bulge and bilateral exiting nerve root compromise. The injured worker received medications for pain. On 10/02/2014 she reported continued symptoms of pain in the back with radiation into the bilateral legs. It was noted that she had tried medications and physical therapy in the past. A physical examination showed 3/5 weakness for bilateral dorsiflexion, 4/5 weakness for bilateral knee extension, otherwise 5/5. Sensation was significant for numbness and tingling that radiated down into both legs, mostly in an L4-5 dermatomal distribution. She had hypoactive reflexes in the lower extremities bilaterally. A request was made for L3-L5 TLIP PSF/PSI, inpatient stay x2 days, surgical assistant, post-op lumbar brace, post-op external bone growth stimulator, post-op physical therapy 3x6 to lumbar spine and post-op 1 box of island bandage. On October 13, 2014, utilization review denied the request. The request for authorization form was signed on 10/07/2014. The rationale for treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

L3-L5 TLIP, PSF/PSI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Fusion (spinal)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Fusion

Decision rationale: The request for an L3-L5 TLIP, PSF/PSI is not medically necessary. The CAMTUS/ACOEM Guidelines state that within the first three months after onset of acute low back symptoms, surgery is considered only when serious spinal pathology or nerve root dysfunction not responsive to conservative therapy (and obviously due to a herniated disk) is detected. The Official Disability Guidelines state that criteria for a decompression includes imaging studies showing nerve root compression at the requested level, lateral disc rupture, and lateral recess stenosis. Conservative treatments should have consisted of activity modification, drug therapy, and physical/manual therapy. There should also be evidence of severe unilateral quadriceps weakness/mild atrophy, or mild to moderate unilateral quadriceps weakness, or unilateral hip/thigh/knee pain. Criteria for a fusion include evidence of instability on imaging studies, at least six months of recommended conservative treatment, and a psychological evaluation. There is a lack of documentation showing the injured worker has undergone any recent conservative treatment to support the request for surgical intervention. In addition, there is no evidence showing that she has undergone a psychological evaluation or that she has evidence of instability on imaging studies to support the request for an L3-L5 TLIP, PSF/PSI. In the absence of this information, the request would not be supported by the evidence based guidelines. As such, the request is not medically necessary.

Associated surgical service: Inpatient stay x2 day: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Fusion (spinal)

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, Hospital stay.

Decision rationale: The request for an inpatient stay x2 day is not medically necessary. The CAMTUS/ACOEM Guidelines do not address inpatient hospital stays. The official disability guidelines state that average length of stay following the proposed surgery is 3 days. While the request for a 2 day inpatient stay is within the guideline recommendations, the concurrent request for the proposed lumbar spine surgery was not supported within the documentation that was provided. Without documentation to support the proposed surgery, the request for an inpatient stay would not be medically necessary. Given the above, the request is not medically necessary.

Associated surgical service: Surgical Assistant: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Fusion (spinal)

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, Surgical assistant.

Decision rationale: The request for a surgical assistant is not medically necessary. The CAMTUS/ACOEM Guidelines do not address the request. The Official Disability Guidelines state that surgical assistants are recommended as an option in more complex surgeries. While a surgical assistant would be indicated for the proposed surgery, there was a lack of documentation supporting the concurrent request for the proposed lumbar spine surgery. Without the lumbar spine surgery being duly authorized, the request for a surgical assistant would not be medically necessary. Given the above, the request is not medically necessary.

Associated surgical service: Post-Operative DME purchase of lumbar brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Fusion (spinal)

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 supports.

Decision rationale: The request for post-operative DME purchase of lumbar brace is not medically necessary. The CAMTUS/ACOEM Guidelines do not address the request. The official disability guidelines state that lumbar supports are not recommended for prevention, but may be recommended for treatment. While the injured worker was noted to be symptomatic regarding the lumbar spine, there was no documentation stating whether the lumbar brace being used for treatment or prevention. Without this information, the request would not be supported, as lumbar supports are not recommended by the guidelines for prevention. Given the above, the request is not medically necessary.

Associated surgical service: Post-Op DME Purchase: External Bone Growth Stimulator: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Fusion (spinal)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: The request for post-op DME purchase: external bone growth stimulator is not medically necessary. The CAMTUS/ACOEM Guidelines do not address the request. The official disability guidelines state that bone growth stimulators may be considered as an adjunct to spinal fusion surgery for those with risk factors for a failed fusion including one or more previous failed fusions, grade 3 or worse spondylolisthesis, fusion to be performed at more than one level, current smoking habit, diabetes, renal disease, alcoholism, or significant osteoporosis demonstrated on radiographs. The injured worker was not noted within the clinical documentation to have any of the risk factors for a failed fusion to indicate the need for a bone growth stimulator. In addition, the request is for postoperative durable medical equipment purchase. However, the documentation provided failed to support the concurrent request for a lumbar spine surgery. Without documentation supporting the proposed surgery, the request for postoperative DME would not be medically necessary. Given the above, the request is not medically necessary.

Associated surgical service: Post-Op physical therapy 3x6 for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Fusion (spinal)

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

Decision rationale: The request for post-op physical therapy 3x6 for the lumbar spine is not medically necessary. The California post-surgical medical treatment guidelines recommend 34 sessions of physical therapy over 16 weeks following a lumbar fusion and 16 sessions over 8 weeks following a discectomy/laminectomy. While the number of sessions being requested is within the guidelines recommendations, there is a lack of documentation supporting the concurrent request for a lumbar spine surgery. Without documentation to support the surgical request, the request for postoperative physical therapy would not be medically necessary. Given the above, the request is not medically necessary.

Associated surgical service: Post-op DME Purchase: 1 box Island bandage: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Fusion (spinal)

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

Decision rationale: The request for Post-op DME purchase: 1 box island bandage is not medically necessary. The official disability guidelines state that durable medical equipment is equipment that serves a medical purpose and can normally be rented. Based on the clinical information submitted for review, the injured worker was recommended to undergo surgery.

However, the concurrent request for the proposed surgical intervention was not supported by the documentation that was submitted for review. Therefore, the use of durable medical equipment for post-operative use would not be indicated or supported. As such, the request is not medically necessary.