MAXIMUS Federal Services

Case Number:	CM14-0192501		
Date Assigned:	11/26/2014	Date of Injury:	11/13/2009
Decision Date:	01/12/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/18/2014

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 Board Certified Orthopedic Spine Surgeon 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 patient is a 51-year-old female with a reported date of injury on 11/13/2009. The mechanism of injury reportedly occurred from cumulative injury as a result of driving a school bus for 12 years, bouncing while driving. Prior treatment has included psychiatric care, medications, surgery, and injection. Current medications were noted to include Norco, Buspirone, Linzess, Lisinopril, Lorazepam, Mirtazapine, Tizanidine, Valium, and Vesicare, as well as Butrans patches. The previous surgical history includes bilateral carpal tunnel release on 02/03/2007, left trigger finger release in 07/2008, bilateral L4-5 and L5-S1 microlaminotomy and right L4-5 microdiscectomy on 06/29/2010, revision of laminectomy at L4-5 and L5-S1 transforaminal lumbar interbody fusion and posterior spinal fusion on 04/12/2011. The patient has also undergone shoulder arthroscopy and bunionectomy. Electromyogram and nerve conduction velocity studies dated 01/05/2010 documented bilateral L5 radiculopathy. Computed tomography scan of lumbar spine dated 04/02/2014 documented small T11-12 calcified disc. There were mild disc bulges at L2-3 and L3-4. There were extensive artifacts at L4-5 and L5-S1. The patient received bilateral L2-3 & L3-4 lumbar Facet Injections on 03/21/2014. Postoperative discogram reviewed on 07/10/2014 showed vacuum disc phenomenon and leak at S1. Toxicology screening reviewed on 08/14/2014 was consistent with medications prescribed. The lumbar spine MRI dated 10/07/2014 revealed at L1-2, right posterior disc extrusion causing canal and right lateral recess stenosis with nerve root abutment and displacement in the right lateral recess that was not present on prior study. There was a new left posterior disc extrusion at L3-4 causing lateral recess stenosis with nerve root displacement and impingement. There were postsurgical changes at L4-S1, stable in appearance since prior compression exams.The most recent clinical note, dated 10/23/2014, indicated the patient presented with chronic pain in her lumbar spine and chronic left knee pain. The patient described her low back pain as severe and

radiating down her posterior thighs, with numbness into both feet and severe burning pains to her feet if standing for long periods. The patient indicates she is having daily seizures. In addition, the patient indicates that she is always having pain, reports daytime fatigue, and feels depressed most days. Side effects of her medications include feeling sedated and loopy. The patient has noted 6 seizures per day. Her spine range of motion revealed flexion to 5 degrees, extension to 10 degrees, right lateral bending to 5 degrees, and left lateral bending to 5 degrees. Motor strength is rated at 5/5 throughout, except for the bilateral knee flexors. Sensory exam revealed light touch sensation decreased over S1 distribution on the left, and deep tendon reflexes noted at 2+ in the upper extremities and no reflexes elicited in the lower limbs. The clinical note indicates the patient's seizures have been since her medial branch blocks. The patient was referred for consultation with a neurologist to address onset of seizures. Request for Authorization for left direct lateral; extreme lateral interbody fusion L3-4 qty: 1.00, associated surgical service: assistant surgeon qty: 1.00, and associated surgical service: 2-3 inpatient stay qty: 3.00 was submitted on 11/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Direct Lateral Extreme Lateral Interbody Fusion L3-4 Quantity: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back

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

Decision rationale: The California MTUS/ACOEM Guidelines recommend spinal fusion except for cases of trauma related spinal fracture or dislocation, fusion of the spine is usually not considered during the first 3 months of symptoms. Patients with increased spinal instability after surgical decompression at the level of degenerative spondylothesis may be candidates for fusion. There is no scientific evidence about the long term effectiveness of any form of surgical decompression or fusion for degenerative spondylosis compared with natural history, placebo, or conservative treatment. There is no good evidence from controlled trials that spinal fusion alone is effective for treating any type of acute low back problem, in the absence of spinal fracture, dislocation, or spondylolisthesis if there is instability and motion in the segment operated on. It is important to note that although it is being undertaken, lumbar fusion in patients with other types of low back pain very seldom cures the patient. A recent study has shown that only 29% assessed themselves as "much better" in the surgical group versus 14% in the nonfusion group. In addition, the guidelines state that referral for surgical consultation is indicated for patients 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; activity limitations due to radiating leg pain for more than 1 month or extreme progression of lower leg symptoms; 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 failure of conservative treatment to resolve disabling radicular symptoms. If surgery is a consideration, counseling regarding likely outcomes, risks and benefits, and, especially,

expectations is very important. Patients with acute low 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 practitioner may help resolve the symptoms. The clinical information provided for review lacks documentation illustrating the patient's pain utilizing a VAS pain scale. In addition, there is lack of documentation indicating the patient had a psychological evaluation, the patient presents indicating she suffers from depression daily. Therefore, pending further documentation, the request for Left Direct Lateral; Extreme Lateral Interbody Fusion L3-4 Quantity: 1.00 is not medically necessary.

Associated surgical service: Assistant Surgeon Quantity: 1.00: 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), Surgical Assistant

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 California MTUS Guidelines do not address the request. The Official Disability Guidelines state that surgical assistant is recommended as an option in more complex surgeries as identified. An assistant surgeon actively assists the physician performing a surgical procedure. Reimbursement for assistant surgeon services, when reported by the same individual physician or other health care professional, is based on whether the assistant surgeon is a physician or another health care professional acting as the surgical assistant. Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical service: 2-3 inpatient stay Quantity: 3.00: 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) hospital length of stay (LOS)

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 Length of Stay (LOS)

Decision rationale: The California MTUS/ACOEM Guidelines do not address the request. The Official Disability Guidelines recommend there be a length of stay based on type of surgery, or best practice target length of stay for cases with no complications. Since the primary procedure is not medically necessary, none of the associated services are medically necessary.