

Case Number:	CM14-0199365		
Date Assigned:	12/09/2014	Date of Injury:	01/08/2012
Decision Date:	02/12/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/26/2014

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, has a subspecialty in Fellowship Trained in Spine Surgery and is licensed to practice in Georgia. 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 45-year-old female who reported an injury on 01/08/2012. The mechanism of injury was not submitted for review. The injured worker has diagnoses of isolated degenerative disc at L5-S1, disc protrusion at L5-S1, right leg radiculopathy, and spinal stenosis. Past medical treatment consists of physical therapy, injections, chiropractic therapy, and medication therapy. On 04/08/2013, the injured worker had an EMG which demonstrated an acute right S1 radiculopathy. X-rays reviewed on 10/07/2014 demonstrated significant collapse at L5-S1. An MRI scan obtained in 2013 of the lumbar spine demonstrated isolated collapse at L5-S1 with a large mid lying disc bulge greater on the right versus the left. On 10/07/2014, the injured worker complained of back and right buttocks pain. It was documented the injured worker had failed conservative treatment. Physical examination revealed weakness in the anterior tibia on the right side, as well as the extensor hallucis longus and gastrocnemius. The injured worker also had diminished right gastrocnemius reflex. Medical treatment plan is for the injured worker to undergo anterior discectomy and fusion with instrumentation and spinal cord monitoring at L5-S1. The provider feels that the injured worker is a candidate for anterior interbody discectomy and fusion with plate fixation. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 Anterior discectomy fusion with instrumentation spinal cord monitoring:
Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation ODG-TWC Low Back Procedure Summary

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

Decision rationale: The request for L5-S1 anterior discectomy fusion with instrumentation spinal cord monitoring is medically necessary. According to the California MTUS/ACOEM recommended guidelines, spinal fusion is not recommended except for cases of trauma related spinal fracture or dislocation. Fusion of the spine is not usually considered during the first few months of symptoms. Patients with increased spinal instability after surgical decompression at the level of degenerative spondylolisthesis may be candidates for fusion. There was no scientific evidence about the long term effectiveness of any form of surgical decompression or fusion for degenerative lumbar spondylosis compared with natural history, placebo, or conservative treatment. Surgical considerations include 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/or failure of conservative treatment to resolve disabling radicular symptoms. The submitted documentation indicated that the injured worker had severe disabling lower leg symptoms in a distribution consistent with radiculopathy. It was indicated that the injured worker had failed conservative treatment. On 04/08/2013, the injured worker had an EMG which demonstrated an acute right S1 radiculopathy. X-rays reviewed on 10/07/2014 demonstrated significant collapse at L5-S1. An MRI scan obtained in 2013 of the lumbar spine demonstrated isolated collapse at L5-S1 with a large mid lying disc bulge greater on the right versus the left. Given the above, medical necessity for anterior discectomy fusion has established. As such, the request for L5-S1 anterior discectomy fusion with instrumentation spinal cord monitoring is medically necessary.

Pre-operative labs: 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, Preoperative lab testing.

Decision rationale: The request for Pre-operative labs is not medically necessary. The Official Disability Guidelines state that 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. While the requested surgical intervention is supported by the documentation, the

submitted request does not specify what preoperative labs are being requested. Additionally, the submitted documentation did not mention any comorbidities that would warrant the request. As such, the request is not medically necessary.

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, Preoperative testing, general.

Decision rationale: The request for Medical Clearance is not medically necessary. The Official Disability Guidelines state the decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. An alternative to routine preoperative testing for the purpose of determining fitness for anesthesia and identifying patients at high risk of postoperative complications may be to conduct a history and physical examination, with selective testing based on the clinician's findings. The submitted documentation did not mention any comorbidities that would warrant the request. Additionally, the request as submitted did not specify what would be included in the medical clearance. As such, the request is not medically necessary.