MAXIMUS Federal Services

Case Number:	CM14-0206776		
Date Assigned:	01/30/2015	Date of Injury:	09/16/2010
Decision Date:	03/23/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/10/2014

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: New York
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:

This 60 year old [redacted] male was lifting a heavy bucket on 9/16/2010 after being on the job a month. He developed low back pain radiating into his leg for which he received physical therapy, three epidural steroid injections and ultimately a lumbar decompressive laminectomy and fusion L4-S1with instrumentation in November of 2012 followed by revision surgery in December with evacuation of hematoma. Past medical history was positive for heavy beer drinking until 2008 and ongoing cigarette smoking. He had had a previous history of multiple injuries involving his rib cage, foot-Achilles tendon, and left hand tendon and ventral hernia repair in 2012. His PR2 of 06/12/14 indicated he was having left hip pain that precluding him walking 2 blocks with the onset of dyspnea. His EKG and echocardiogram was normal. He was taking Norco 10/325. His PR2 with his pain management physician on 05/20/2014 noted ongoing refills of Norco 10/325 refills of 90, urine drug screen recommendations for omeprazole and salves.EMG of lower extremities-PR2 06/06/14 were normal. The drug screen for 08/28/14 and 09/03/2014 was positive for non-prescribed hydromorphone. The MRI scan of his lumbar spine on 04/04/14 showed metallic artifact for the hardware at L4-S1 and showed a left foraminal disc protrusion at L3-4. The provider's note of 09/12/14 stated the MRI scan was not clear and the only way to get an answer was for the worker to have a CT myelogram. Exam that day showed diffuse tenderness and spasms with a positive straight leg raising test, some weakness of the quadriceps and tibialis anterior. The PR2 note of 10/15/2014 stated that there was bilateral foraminal narrowing at L3-4. On the other hand the CT myelogram of 11/06/14 stated specifically there was no foraminal narrowing. On that date diagnoses were Acute flare-up

of sprain/strain-probably scar, status post ant.-post. Fusion, decompression L4-S1, status post exploration L4-S1, evacuation of hematoma, good lordosis and screws in place/x-ray and residuals, status post 2 level fusion with predominant left leg pain. Documentation did not disclose discussion of the positive urine drug screens and their implications, results and details of the advised home exercise program, nor implications of the psychiatric evaluation or the worker's complaints of hip pain in June 2014. Documentation did not disclose characterization of the worker's exam or tests to elucidate the source or location of a lumbar radiculopathy or whether the hardware was symptomatic. Utilization review denied the request for L3-4 TLIF (transforaminal interbody fusion) with removal of hardware with an assistant surgeon

IMR ISSUES, DECISIONS AND RATIONALES

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

One transforaminal interbody fusion at L3-L4 and removal of hardware at L4-S1: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Lumbar fusion-Patient selection criteria for lumbar fusion

Decision rationale: ODG guidelines note that lumbar fusion is recommended for patients who have lumbar instability. Documentation does not provide evidence of lumbar segmental instability greater than 4.5 mm or progressive neurological loss. Guidelines recommend that all pain generators are identified and treated. Documentation does not provide evidence of diagnostic tests to localize a pain generator which would meet guidelines. Documentation also recommends that the CT-myelogram demonstrates pathology which correlates with the worker's symptoms and exam findings. Since this evidence is lacking the request for transforaminal interbody fusion at L3-4 and removal of hardware at L4-S1 is not medically necessary or appropriate.

Related to surgery: assistant surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Centers for Medicare and Medicaid Services, Physician Fee Schedule Search for CPT Code 22630

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since surgery is not recommended an assistant is not necessary

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre-operative internal medicine clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Surgery General Information and Ground Rules, California Official Medical Fee Schedule, 1999 Edition, pages 92 - 93

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since surgery is not recommended an internal mediciine clearance is not necessary

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

24 post-operative physical therapy sessions: 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 Since surgery is not recommended post operative physical therapy clearance is not necessary

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

One post-operative electrical bone growth stimulator: 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), Low Back Chapter, Lumbar & Thoracic (Acute & Chronic) Section

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since surgery is not recommended post operative electrical bone growth stimulator is not necessary

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

One post-operative off-the-shelf lumbar 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), Low Back Chapter, Lumbar & Thoracic (Acute & Chronic) Section

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since surgery is not recommended post operative electrical bone growth stimulator is not necessary

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

One post-operative front wheeled 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), Low Back Chapter, Lumbar & Thoracic (Acute & Chronic) Section

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since surgery not necessary post-operative front wheeled walker is not needed.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Related to surgery: a two-night inpatient hospital stay: 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), Low Back Chapter, Lumbar & Thoracic (Acute & Chronic) Section

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since surgery not necessary two-night inpatient hospital stay is not needed.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Post-operative unknown home health evaluation through [redacted] nursing services: 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), Low Back Chapter, Lumbar & Thoracic (Acute & Chronic) Section

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since surgery not necessary post-operative unknown home health evaluation is not needed.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

One prescription of Norco, sixty count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opiods.

Decision rationale: California MTUS guidelines indicate Norco is a normal release or immediate-release opiod often used for intermittent or breakthrough pain. The duration of action is generally 3-4 hours. This request is not accompanied by directions for frequency. CA MTUS guidelines recommend that a treatment plan be established, that attempts be made to determine if the pain is nocioceptive or neuropathic and if there are contributing psychological issues. Moreover, and assessment should be made for weaning the worker off opioids. Documentation is not provided that these recommendations have been followed. Therefore this request is not medically necessary or appropriate.