

Case Number:	CM14-0209452		
Date Assigned:	02/04/2015	Date of Injury:	04/01/2013
Decision Date:	03/30/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/15/2014

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: Minnesota, Florida
 Certification(s)/Specialty: Orthopedic 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:

The injured worker (IW) is a 59 year old male who sustained an industrial injury on 04/01/2013. He has reported cervical and lumbar pain with radiation to the left lower extremity. Diagnoses include degenerative spondylolisthesis at L4-5, spinal stenosis, and radiculopathy. Treatment s to date includes chiropractic treatment, medications, psychiatric care, and a lumbar epidural injection done 09/22/2014 that improved the shooting pain. In a progress note dated 10/22/2014 the treating provider reports a normal lumbar spine range of motion, 4/5 weakness of the left lower extremity, and a positive straight leg raise test on the left. On 10/09/2014, the progress report stated the IW had reached a plateau with maximum medical improvement and should be considered permanent and stationary. An Orthopedic Spine Consultation of October 14, 2014 documents Grade I degenerative spondylolisthesis at L4-5 with instability on flexion/extension films and evidence of left L5 radiculopathy with weakness of extensor hallucis longus and tibialis anterior. On 11/18/2014 Utilization Review non-certified a request for L4-5 anterior discectomy, noting the medical necessity was not established. The Official Disability Guidelines, Hospital Length of Stay were cited. On 11/18/2014 Utilization Review non-certified a request for L4-5 posterior fusion with instrumentation noting the as medical necessity had not been established and the MRI did not describe any spondylolisthesis and there were no official radiographs describing instability to justify the fusion procedure. The ACOEM Guidelines, Chapter 12 Low Back Complaints were cited. The provider has appealed the decision. The UR denial was based upon absence of objective radiology reports establishing the presence of instability at the level of the Spondylolisthesis at L4-5. The provider has explained that he read

those films and he is more than qualified to do so. On 11/18/2014 Utilization Review non-certified a request associated surgical service: spinal cord monitoring noting the surgical intervention was not found necessary. The Official Disability Guidelines, Low Back Chapter, were cited. On 11/18/2014 Utilization Review non-certified a request for associated surgical service: 3 day LOS, noting the surgical intervention was not found medically necessary. The ACOEM Guidelines, Chapter 12 Low Back Complaints were cited. On 11/18/2014 Utilization Review non-certified a request for Associated surgical service: Pre op labs to include CBC with diff, CMP, PT/PTT, UA, UA with reflex, sed rate, blood type & RH, antibody screen, mesa, chest x-ray and EKG noting the surgical intervention was not found medically necessary. The Official Disability Guidelines, Low Back Chapter were cited. On 11/18/2014 Utilization Review non-certified a request for associated surgical service: medical clearance noting the surgical intervention was not found medically necessary. The Official Disability Guidelines, Low Back Chapter were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-5 posterior fusion with instrumentation: Overturned

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, Low Back Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305, 306, and 307.

Decision rationale: California MTUS guidelines indicate surgical considerations for severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies and activity limitations due to radiating leg pain for more than one month and 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. A fusion is indicated at the level of degenerative spondylolisthesis if there is documentation of motion and instability at the level being operated on. The documentation provided indicates presence of instability at the level of degenerative spondylolisthesis at L4-5 on flexion/extension films. The provider has stated that he is a fellowship trained spine surgeon who is more than qualified to read those films. Utilization review had noncertified the request for surgery for lack of the radiology report. Based upon the provider's explanation, the degenerative spondylolisthesis at L4-5 and the presence of instability is established. The injured worker has evidence of left L5 radiculopathy on the basis of weakness of extensor hallucis longus and tibialis anterior. The clinical picture is corroborated by the MRI findings. As such surgical decompression and fusion at L4-5 through the anterior and posterior approach as requested by the provider is appropriate and medically necessary.

L4-5 anterior discectomy: Overturned

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, Low Back Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305, 306, and 307.

Decision rationale: California MTUS guidelines indicate surgical considerations for severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies and activity limitations due to radiating leg pain for more than one month and 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. A fusion is indicated at the level of degenerative spondylolisthesis if there is documentation of motion and instability at the level being operated on. The documentation provided indicates presence of instability at the level of degenerative spondylolisthesis at L4-5 on flexion/extension films. The provider has stated that he is a fellowship trained spine surgeon who is more than qualified to read those films. Utilization review had noncertified the request for surgery for lack of the radiology report. Based upon the provider's explanation, the degenerative spondylolisthesis at L4-5 and the presence of instability is established. The injured worker has evidence of left L5 radiculopathy on the basis of weakness of extensor hallucis longus and tibialis anterior. The clinical picture is corroborated by the MRI findings. As such surgical decompression and fusion at L4-5 through the anterior and posterior approach as requested by the provider is appropriate and medically necessary.

Associated surgical service: 3 day length of stay (LOS): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hospital Length of Stay

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Hospital length of stay

Decision rationale: ODG guidelines indicate best practice target of 3 days for anterior and posterior lumbar fusion. As such, the request for 3 day hospital LOS is appropriate and medically necessary.

Associated surgical service: medical clearance: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Pre-operative testing, general, Preoperative electrocardiography, Office visits

Decision rationale: Preoperative medical clearance is necessitated by the presence of comorbidities. ODG guidelines recommend a thorough history and physical examination and appropriate testing depending upon comorbidities. The injured worker is 59+ years old and there is a history of hypertension. He is undergoing an intermediate risk surgical procedure and as such, preoperative medical clearance is appropriate and medically necessary. Office visits to medical doctors' offices are encouraged.

Associated surgical service: spinal cord monitoring: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Intra-operative neurophysiological monitoring

Decision rationale: ODG Guidelines indicate Intraoperative neurophysiological monitoring is recommended during spinal surgery when such procedures have a risk of complications that can be detected and prevented through the use of neurophysiological monitoring. It is recommended as an adjunct in those circumstances during instrumented lumbar spinal fusion procedures in which the surgeon desires immediate intraoperative information regarding the potential of a neurological injury. As such, the request is appropriate and medically necessary.

Associated surgical service: Pre op labs to include CBC with diff, CMP, PT/PTT, UA, UA with reflex, sed rate, blood type & RH, antibody screen, mrsa, chest xray and EKG:
Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Preoperative testing, lab, Preoperative electrocardiography

Decision rationale: The requested pre-operative labs and electrocardiogram is supported due to co-morbidities, and use of medications, possibility of blood loss during the procedure, and possibility of MRSA infection. The requested testing is appropriate and medically necessary.