

Case Number:	CM14-0074712		
Date Assigned:	08/06/2014	Date of Injury:	04/15/2010
Decision Date:	01/02/2015	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/22/2014

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 Spine Surgery and is licensed to practice in New Jersey. 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 53-year-old male who reported injury on 04/15/2010. The mechanism of injury was the injured worker tripped over a pallet and landed on another pallet. The injured worker's medications were noted to include hydrocodone/APAP, ibuprofen, and zolpidem. The surgical history included a lumbar spine surgery in 1994 and anterior/posterior fusion at L5-S1 on 09/03/2011. Prior therapies were not provided. The injured worker underwent electrodiagnostic studies on 05/01/2013 which revealed bilateral peroneal neuropathy in the ankles and no acute lumbar radiculopathy. The injured worker underwent an MRI of the lumbar spine on 02/18/2014 which revealed the injured worker had a fusion of the L5-S1 level with bilateral pedicle screws. There was a grade I anterolisthesis of L5/S1. There was disc desiccation at L4-5, L5-S1, and L1-S2. The impression included a pars defect with grade II anterolisthesis of L5/S1 with bilateral pedicle screws and posterior fusion bars at L5-S1. There were 12 mm of disc uncovering with marked foraminal narrowing and bilateral facet hypertrophy. At L4-5, there was a 6 mm right paracentral soft tissue focus suggesting a disc protrusion; however, the physician opined he could not completely exclude granulation tissue. The documentation of 02/28/2014 revealed the injured worker was a nonsmoker. Physical examination revealed tenderness to palpation over the mid line and posterior superior iliac spine. The injured worker had decreased sensation on the right at L4, L5, and S1. The diagnoses included lumbar spine with possible screw breakage at L5, lumbar spine with moderate chronic right L5 radiculopathy, lumbar spine postop changes and hardware per CT scan of 04/26/2013, lumbar spine bilateral neuropathy per EMG/NCV dated 05/01/2013, lumbar spine L5-S1 12 mm of disc uncovering with marked foraminal narrowing and bilateral facet hypertrophy, L3-4 minimal foraminal narrowing, L1-2 three mm disc bulge with foraminal narrowing and facet hypertrophy per MRI 02/18/2014 and lumbar spine L4-5 six mm right paracentral soft tissue

focus suggesting a disc protrusion per MRI 02/18/2014. The treatment plan discussion included the injured worker had undergone an x-ray on 12/06/2013 which revealed spondylolisthesis at L5/S1 with instrumentation and a fracture pedicle screw at L5. The anterior plate revealed 2 screws of the plate were fractured. The request was made for hardware removal at L5-S1, anterior/posterior decompression and fusion at L4-S1, as well as preoperative evaluation with internist; the documentation indicated the injured worker had a history of lung disease and hepatitis C, a preoperative consultation, vascular surgeon, 2 units of autologous blood donation, surgical assistant, intraoperative spinal cord monitoring and cell saver, postoperative bone graft stimulator, cold therapy unit, IF unit, front wheeled walker, grabber, LSO brace, narcotic medications and Lyrica, and a course of postoperative physical therapy. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hardware removal L5-S1: Upheld

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, Hardware Implant Removal

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 Chapter, Hardware implant removal (fixation)

Decision rationale: The Official Disability Guidelines recommend hardware removal in the case of broken hardware or persistent pain after ruling out other causes of pain, such as infection and nonunion. The injured worker had fractured hardware per the documentation. However, the clinical documentation submitted for review failed to indicate whether the other causes of pain, such as infection and nonunion, had been ruled out. However, with the lack of documentation, the request is not supported. Given the above, the request for hardware removal L5-S1 is not medically necessary.

AP Decompression: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306.

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

Decision rationale: The American College of Occupational and Environmental Medicine indicate a surgical consultation may be appropriate for injured workers 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. There should be documentation of activity limitations due to radiating leg pain for more than 1 month or the

extreme progression of lower leg symptoms, 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 and documentation of a failure of conservative treatment to resolve disabling radicular symptoms. The clinical documentation submitted for review indicated the injured worker had objective findings upon examination. However, there was a lack of documentation of an exhaustion of conservative care. There was a lack of documentation of electrophysiologic evidence to support the necessity for decompression. There was a lack of imaging evidence to support the necessity for decompression. Additionally, the request as submitted failed to indicate the levels for the requested decompression. Given the above, the request for AP decompression is not medically necessary.

Fusion L5-S1: Upheld

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, Fusion

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

Decision rationale: The American College of Occupational and Environmental Medicine indicate a surgical consultation may be appropriate for injured workers 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. There should be documentation of activity limitations due to radiating leg pain for more than 1 month or the extreme progression of lower leg symptoms, 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 and documentation of a failure of conservative treatment to resolve disabling radicular symptoms. Additionally, 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. Clinicians should consider referral for psychological screening to improve surgical outcomes. The clinical documentation submitted for review failed to provide documentation of a failure of conservative care. There was a lack of documentation indicating the injured worker had undergone psychological screening. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request for fusion L5-S1 is not medically necessary.

Preoperative evaluation with an internist: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Preoperative Consult with a vascular surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Preoperative Autologous Blood Donation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Exposure of Spine on the anterior approach at the time of surgery: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Intraoperative Spinal Cord Monitoring and Cell Saver: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Bone graft stimulator: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Cold Therapy unit x 14 days: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Interferential (IF) Unit: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Front Wheeled Walker: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Grabber: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Lumbosacral orthosis (LSO) Brace: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Postoperative Physical Therapy 2 x 12 - Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.