MAXIMUS Federal Services

Case Number:	CM15-0002407		
Date Assigned:	02/12/2015	Date of Injury:	07/10/2009
Decision Date:	04/06/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/06/2015

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: Texas
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 is a 56-year-old female who reported an injury on 07/10/2009. The mechanism of injury was due to a fall. Her relevant diagnoses include arthropathy involving other specified sites, joint derangement not elsewhere classified, spinal stenosis in lumbar region, neuralgia, neuritis or radiculitis, and nonunion fracture. Her past treatments include physical therapy, medication, spine surgery. Her pertinent diagnostic studies include a lumbar CT performed on 05/02/2014 which revealed postoperative changes of the lower lumbar spine with laminectomy of L5, posterior fusion of the L5-S1, interbody graft was seen at the L5-S1 disc space. There was also moderate central canal stenosis, moderately severe spinal stenosis of the L4-5 secondary to an annular bulge, ligamentum flavum hypertrophy and facet degenerative changes. There was also noted mild central canal stenosis at L3-4 secondary to annular bulge, ligamentum flavum hypertrophy and mild facet degenerative changes with minimal, if any, spinal stenosis at the L2-3. The lumbar MRI was performed on 09/22/2014 which revealed moderate spinal stenosis of the L4-5 secondary to an annular bulge, ligamentum flavum hypertrophy and facet degenerative changes. Status post L5 laminectomy with moderate spinal stenosis at this level. Her pertinent surgical history included an instrumented fusion at the L5-S1. On 12/04/2014, the physical examination revealed that it was unchanged. The physical examination from 09/24/2014, revealed the lumbar spine had tenderness to palpation over the greater trochanter in the iliotibial band. The injured worker was indicated to have normal muscle strength. Her relevant medications were noted to include Percocet 5/325 mg, Toradol 30 mg, Valium 5 mg, Flexeril 10 mg, Medrol 4 mg, and Colace 100 mg. The treatment plan included

L4-L5 Transforaminal lumbar interbody fusion, L5-S1 remove and explore, Surgical assistant, Associated surgical service: 3 day inpatient stay, Post-op physical therapy 3 x 6, Associated surgical service: lumbar brace purchase, Associated surgical service: Rental of external bone growth stimulator, 1 box of island bandage. A rationale was not provided. A request for authorization form was submitted on 12/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-L5 Transforaminal lumbar interbody fusion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 12th edition (web), 2014 Low Back - Spinal stenosis.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back, Fusion (spinal).

Decision rationale: The request for L4-L5 Transforaminal lumbar interbody fusion is not medically necessary. According to the California MTUS/ACOEM Guidelines surgical consideration is indicated for patients who have: Severe disabling lower leg symptoms in a distribution consistent with abnormalities on imaging and 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 the short and long term from surgical repair; failure of conservative treatment to resolve disabling radicular symptoms. More specifically, the Official Disability Guidelines indicate a transforaminal lumbar interbody fusion is indicated for patients who have gone through preoperative surgical indications such as: all pain generators are identified and treated; all physical medicine manual therapy interventions are completed; x-rays demonstrate spinal instability and a myelogram, CT myelogram or discography and MRI demonstrating disc pathology correlating with symptoms of exam findings; spine pathologies under 2 levels; a psychological screening with confounding issues are addressed; and any potential fusion surgery. It is recommended that the injured worker refrain from smoking for at least 6 weeks prior to surgery and during the period of fusion healing. The injured worker was indicated to have failed an instrumented fusion at the L5-S1. However there was lack of documentation in regard to preoperative surgical indications and discussions indicating that all pain generators are identified and treated, all physical medicine and therapy interventions are completed as indicated, x-ray demonstrating spinal instability on myelogram and an MRI demonstrating disc pathology correlating with symptoms and exam findings, spine pathologies limited to 2 levels, psychological screening with confounding issues were addressed, documentation that the injured worker was recommended to refrain from smoking for at least 6 weeks prior to surgery and during the period of fusion healing. Furthermore, there was lack of documentation in regard to an infection, tumor, or deformity of the lumbosacral spine that causes intractable pain, neurologic deficits and/or functional instability to warrant a transforaminal

lumbar interbody fusion. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

L5-S1 remove and explore: 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, Hardware implant removal (fixation).

Decision rationale: The request for L5-S1 remove and explore is not medically necessary. According to the Official Disability Guidelines, hardware implant removal is not recommended, except in the cases of broken hardware and persistent pain after ruling out other causes of pain such as infection and nonunion. The injured worker was indicated to have had a failed L5-S1 instrumented fusion. However, there was lack of documentation to indicate that pain caused by infection and nonunion have been ruled out. In addition, there was lack of documentation to indicate the fusion had broken hardware. In the absence of the above, the request is not supported by the evidence based guidelines. As such, the request for L5-S1 remove and explore is also not supported and is not medically necessary.

Surgical assistant: 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, surgical assistant.

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

Associated surgical service: 3 day inpatient stay: 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, Hospital length of stay (LOS).

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

Post-op physical therapy 3 x 6: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical service: lumbar brace purchase: 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, Back brace, post-operative (fusion).

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

Associated surgical service: Rental of external bone growth stimulator: 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, Bone growth stimulators (BGS).

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

Associated surgical service: 1 box of island bandage: 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, Wound dressings.

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