

Case Number:	CM15-0104699		
Date Assigned:	06/09/2015	Date of Injury:	10/18/2011
Decision Date:	07/10/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/01/2015

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: Illinois, California, 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 64-year-old male who sustained an industrial injury on 10/18/11. The mechanism of injury was not documented. Past surgical history was positive for L4/5 laminectomy and interbody fusion. The 3/25/15 lumbar spine CT scan conclusion documented status post posterior fusion with laminectomy defect at L5. There was bone graft material seen at L4/5 and L5/S1, and artifact disc spacer placement at L4/5 and L5/S1. The 4/17/15 treating physician report indicated that the injured worker was one-year status post lumbar fusion and should have developed a bony bridge by now. He presented with no improvement in his symptoms. Physical exam documented full lumbar range of motion, paraspinal tenderness, and normal lower extremity strength, sensation and reflexes. The lumbar CT scan was reviewed and showed a lack of bony bridge at the L4 to S1 interbody fusions. The diagnosis was pseudoarthrosis of the lumbar spine. Authorization was requested for L4-S1 revision fusion, pre-op clearance H&P, labs, EKG, chest x-ray, and urinalysis, and post-op physical therapy 2x8 weeks for the low back. The 5/18/15 utilization review non-certified the request for L4-S1 revision fusion and associated surgical requests as there was no radiographic evidence of loosening of the implants and no specific findings on exam to support the medical necessity of revision fusion. The 5/26/15 treating physician appeal report stated that revision fusion had been requested for pseudoarthrosis. Physical exam documented paraspinal tenderness to palpation, lumbar flexion limited to 40 degrees, normal lower extremity strength, intact sensation, and 2+ and symmetrical lower extremity deep tendon reflexes. The injured worker had pain plus evidence of lack of bony bridge at the fusion site. Since the bony bridge failed to form, revision fusion was necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-S1 revision fusion: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lumbar Spinal Fusion.

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 $i\frac{1}{2}$ Lumbar & Thoracic: Fusion (spinal).

Decision rationale: The California MTUS guidelines do not provide recommendations for lumbar revision fusion. The Official Disability Guidelines (ODG) recommend revision surgery for failed previous operations if significant functional gains are anticipated. Revision surgery for the purposes of pain relief must be approached with extreme caution due to less than 50% success rate reported in medical literature. Guideline criteria have been met. This injured worker presents one-year status post fusion surgery with on-going symptoms. CT imaging did not demonstrate bony bridges at the L4-S interbody fusion sites. He was diagnosed with pseudoarthrosis. Therefore, this request is medically necessary.

Pre-operative clearance. H & P, labs EKG, Chest x-ray and UA1: 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), Lumbar Spinal Fusion.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation.

Decision rationale: The California MTUS guidelines do not provide recommendations for this service. Evidence based medical guidelines indicate that a basic pre-operative assessment is required for all patients undergoing diagnostic or therapeutic procedures. Guidelines indicate that most laboratory tests are not necessary for routine procedures unless a specific indication is present. Indications for such testing should be documented and based on medical records, patient interview, physical examination, and type and invasiveness of the planned procedure. EKG may be indicated for patients with known cardiovascular risk factors or for patients with risk factors identified in the course of a pre-anesthesia evaluation. Routine pre-operative chest radiographs are not recommended except when acute cardiopulmonary disease is suspected on the basis of history and physical examination. The California Official Medical Fee Schedule states that, under most circumstances, including ordinary referrals, the immediate preoperative visit in the hospital or elsewhere necessary to examine the patient, complete the hospital records, and initiate the treatment program is included in the listed value for the surgical procedure. Guideline criteria have not been met. Although, basic lab testing, EKG, and chest x-ray would typically be supported for patients of similar age undergoing this procedure and general anesthesia, the medical necessity of a non-specific lab request cannot be established. Additionally, there is no compelling reason to support the medical necessity of a separate certification for the history and physical which is part of the pre-operative process.

Post-operative physical therapy 2x8 weeks for the low back: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lumbar Spinal Fusion.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

Decision rationale: The California Post-Surgical Treatment Guidelines for surgical treatment of lumbar fusion suggest a general course of 34 post-operative physical medicine visits over 26 weeks, during the 6-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course. If it is determined additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical period. Guideline criteria have been met. This physical therapy request is consistent with guidelines for initial post-op treatment. Therefore, this request is medically necessary.