

Case Number:	CM15-0016291		
Date Assigned:	02/04/2015	Date of Injury:	08/09/2011
Decision Date:	04/06/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/28/2015

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: 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 is a 64-year-old male with a history of chronic low back pain and bilateral lower extremity pain related to an injury of 8/9/2011. He is status post a lumbar spinal fusion from L2 to S1 with instrumentation for spinal stenosis. Examination findings do not document neurologic deficit. Straight leg raising is negative. The CT of the lumbar spine with intrathecal contrast dated 11/24/2014 revealed intact bilateral pedicle screws and vertical rods spanning L2-S1. There is lucency surrounding the bilateral L2 pedicle screws consistent with loosening. The cortex of the superior endplate above the right L2 pedicle screw is severely thinned or absent the lumbar myelogram report indicates the presence of posterior fusion hardware from L2-S1 with lucencies surrounding the L2 pedicle screws suspicious for loosening. There is no evidence of hardware failure or other areas of hardware loosening. There is no evidence of central canal stenosis. Remainder of the study is unremarkable. A request for revision of the fusion at L2-3 with revision of the construct from L2 to the sacrum was non-certified by utilization review. The independent medical review application of January 20, 2015 pertains to associated surgical services and not the surgery although there is no indication that surgery has been certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: hospital stay; length of stay not indicated: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): (s) 305-308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back chapter, Fusion.

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

Decision rationale: ODG guidelines indicate the best practice target for length of hospital stay for a lumbar fusion is 3 days. The median length of stay is also 3 days. The request as stated does not specify the length of hospital stay that is being requested. The documentation does not indicate that the surgical procedure has been certified. As such, the request for hospital length of stay, unspecified, is not supported, and the medical necessity of the request cannot be established.

Associated surgical service: PA assistant: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): (s) 305-308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back chapter, Fusion.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Section: Low Back, Topic: Surgical Assistant.

Decision rationale: ODG guidelines recommend a surgical assistant in more complex surgeries which include a lumbar spinal fusion. Therefore the medical necessity of the request will be established when surgery is certified. However, the documentation does not indicate certification of the surgery at this time. As such, the request is not medically necessary.

Associated surgical service: intraoperative neuromonitoring: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): (s) 305-308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back chapter, Fusion.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Section: Low Back, Topic: Intraoperative neuromonitoring.

Decision rationale: Intraoperative neuromonitoring is recommended by ODG guidelines during spinal surgeries when such procedures have a risk of significant complications that can be detected and prevented through use of neurophysiological monitoring. Use of intraoperative evoked EMG recordings is recommended in those circumstances in which the operating surgeon wishes to confirm the lack of a neurological injury during pedicle screw placement. As such, the

request is appropriate. However, the medical necessity of the request depends upon certification of the surgical procedure. In the absence of this information, the medical necessity of the request cannot be established.

Post-op bone stimulator: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): (s) 305-308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back chapter, Fusion.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Section: Low Back, Topic: Bone growth stimulation.

Decision rationale: Postoperative use of a bone growth stimulator is recommended by ODG in the presence of one previous failed spinal fusion. As such, the medical necessity of the request will be established when the surgery is certified. In the absence of that information, medical necessity of the request cannot be established.