MAXIMUS Federal Services

Case Number:	CM15-0137260		
Date Assigned:	07/27/2015	Date of Injury:	05/30/1995
Decision Date:	08/25/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/15/2015

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:

This injured worker is a 64-year-old male who sustained an industrial injury on 5/30/95. The mechanism of injury was not documented. He underwent lumbar laminectomy in 1978 and 1995, and subsequent L2-L5 transforaminal lumbar interbody fusion and posterolateral instrumented fusion on 4/13/10. Past medical history is positive for hypertension and hyperlipidemia. Social history is positive for rare tobacco use and smoking marijuana daily. The 5/29/14 electrodiagnostic study findings were consistent with left L5 radiculopathy. The 3/6/15 spine surgery evaluation report cited constant stabbing low back pain radiating down his left leg to the plantar aspect of his foot and toes, with numbness of the medial aspect of the leg and foot. He also had back pain at the fusion site on the right side. Current medications included Soma and Norco. Conservative treatment had included activity modification, physical therapy, epidural injections, home exercise, chiropractic, and massage therapy with no relief. Physical exam documented normal gait and ability to toe rise and heel walk without difficulty. He had full lumbar range of motion with pain. Lower extremity strength was 5/5. Sensation was decreased along the left L4 and L5 dermatomes. Patellar reflexes were 1+ and symmetrical, and Achilles reflexes were 2+ and symmetrical. The 3/7/13 lumbar spine CT scan was reviewed and showed previous fusion from L2 to L5. There was a dynamic component at L2/3 and very wide laminectomies from L3 to L5. There was severe stenosis at L1, and vacuum disc phenomenon at L2/3. At L5/S1, there was moderate to severe stenosis with severe facet arthropathy and vacuum disc phenomenon. The diagnosis was severe junctional breakdown at L1/2 and L5/S1, status post fusion from L2-L5. The injured worker had severe lumbar spondylosis and markedly advanced

degenerative changes that put him at risk for further neurologic compression. The treatment plan documented agreement with the other spine surgeon's recommendation for revision L1 to S1 fusion. Interbody fusion was recommended due to the long construct and to help restore the lordosis. Authorization was requested for L1/2, L2/3, and L5/S1 posterior lumbar interbody fusion (PLIF) surgery with 3 day inpatient stay, and an assistant surgeon. Records indicated that the injured worker was attending on-going physical therapy core stabilization training. The 6/23/15 treating physician report cited completion of 14/20 physical therapy visits. The injured worker had left leg weakness with hip extension. He remains sensitive near the quadratus lumborum. There was hardware pain on the right side. Physical therapy was focused on functional exercise pending surgery. The 7/2/15 utilization review non-certified the posterior lumbar interbody fusion at L1/2, L2/3, and L5/S1 with associated surgical requests as there was no evidence of severe and disabling lower extremity symptoms or activity limitation due to radiating leg pain consistent with guidelines, and no documentation of a recent failed conservative treatment program.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 L1-2, L2-3 and L5-S1 PLIF Surgery: Overturned

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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Lumbar & Thoracic, Fusion (spinal).

Decision rationale: The California MTUS recommend surgical consideration when there is severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise. Guidelines require clear clinical, imaging and electrophysiologic evidence of a lesion that has been shown to benefit both in the short term and long term from surgical repair. The Official Disability Guidelines recommend lumbar spine fusion as an option for revision of pseudoarthrosis with on-going symptoms, corroborating physical findings and imaging, and after failure of non-operative treatment (unless contraindicated e.g. acute traumatic unstable fracture, dislocation, spinal cord injury) subject to pre-surgical clinical indications. The Official Disability Guidelines do not recommend lumbar fusion for patients with degenerative disc disease, disc herniation, spinal stenosis without degenerative spondylolisthesis or instability, or non-specific low back pain. Fusion may be supported for segmental instability (objectively demonstrable) including excessive motion, as in isthmic or degenerative spondylolisthesis, surgically induced segmental instability and mechanical intervertebral collapse of the motion segment and advanced degenerative changes after surgical discectomy. Pre-operative clinical surgical indications include all of the following: (1) All physical medicine and manual therapy interventions are completed with documentation of reasonable patient participation with rehabilitation efforts including skilled therapy visits, and performance of home exercise program during and after formal therapy. Physical medicine and manual therapy interventions should include cognitive

behavioral advice (e.g. ordinary activities are not harmful to the back, patients should remain active, etc.); (2) X-rays demonstrating spinal instability and/or myelogram, CT-myelogram, or MRI demonstrating nerve root impingement correlated with symptoms and exam findings; (3) Spine fusion to be performed at one or two levels; (4) Psychosocial screen with confounding issues addressed; the evaluating mental health professional should document the presence and/or absence of identified psychological barriers that are known to preclude post-operative recovery; (5) For any potential fusion surgery, it is recommended that the injured worker refrain from smoking for at least six weeks prior to surgery and during the period of fusion healing; (6) There should be documentation that the surgeon has discussed potential alternatives, benefits and risks of fusion with the patient. Guideline criteria have been met. This injured worker presents with low back pain radiating into the left lower extremity with numbness and tingling, and pain at the fusion site. Persistent functional limitations due to pain are documented. Clinical exam findings are consistent with imaging evidence of plausible nerve root compression. There is imaging evidence of pseudoarthrosis at the L2/3 level and severe junctional disease consistent with instability at the L1/2 and L5/S1 levels. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. There are no psychological issues reported. Therefore, this request is medically necessary.

Associated surgical service: 3 inpatient stay: 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), Low back, Lumbar & Thoracic (Acute & Chronic) - 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 (ODG) Low Back Lumbar & Thoracic: Hospital length of stay (LOS).

Decision rationale: The California MTUS does not provide hospital length of stay recommendations. The Official Disability Guidelines recommend the median length of stay (LOS) based on type of surgery, or best practice target LOS for cases with no complications. The recommended median and best practice target for posterior lumbar fusion is 3 days. Guideline criteria have been met for inpatient length of stay up to 3 days. Therefore, this request is medically necessary.

Associated surgical service: Assistant surgeon ([redacted]): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Centers for Medicare & Medicaid Services (CMS)http://www.cms.gov/apps/physician-fee-schedule/overview.aspx.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Centers for Medicare and Medicaid services, Physician Fee Schedule: Assistant Surgeons, http://www.cms.gov/apps/physician-fee-schedule/overview.aspx.

Decision rationale: The California MTUS guidelines do not address the appropriateness of assistant surgeons. The Center for Medicare and Medicaid Services (CMS) provide direction relative to the typical medical necessity of assistant surgeons. The Centers for Medicare & Medicaid Services (CMS) has revised the list of surgical procedures which are eligible for assistant-at-surgery. The procedure codes with a 0 under the assistant surgeon heading imply that an assistant is not necessary; however, procedure codes with a 1 or 2 implies that an assistant is usually necessary. For this requested surgery, CPT code 22630, there is a "2" in the assistant surgeon column. Therefore, based on the stated guideline and the complexity of the procedure, this request is medically necessary.