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| Case Number: | CM15-0161829 | | |
| Date Assigned: | 09/04/2015 | Date of Injury: | 06/12/2013 |
| Decision Date: | 10/23/2015 | UR Denial Date: | 08/04/2015 |
| Priority: | Standard | Application Received: | 08/17/2015 |

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: California
 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 52-year-old male, who sustained an industrial injury on 6-12-13. Initial complaint was of his low back pain. The injured worker was diagnosed as having status post posterior lumbar interbody fusion with cages L5-S1 (2001); lumbar strain; degenerative disc L4- L5 with protrusion; facet arthropathy; spinal stenosis lumbar L4-L5 with radiculopathy. Treatment to date has included physical therapy; acupuncture; medications. Diagnostics studies included MRI lumbar spine (11-5-14). Currently, the PR-2 notes dated 7-8-15 indicated the injured worker was last seen in this office on 4-22-15. He has not returned to work and his pain has progressively worsened. He reports to the provider he believes he is still a candidate for surgery that was requested several months prior and was denied by Utilization Review due to no MRI report. He is asking for the provider to resubmit the surgical request. The provider documents his impression that the source of the injured worker's symptoms was from stenosis with advanced degenerative disc disease and facet diastasis at the L4-L5 level, above his previous L5-S1 spinal fusion ("transition syndrome"). The provider documents the stenosis was so severe that it was not likely the injured worker would resolve his symptoms with nonsurgical care. Nevertheless, he recommended physical therapy, medications and a lumbar epidural steroid injection. The injured worker had an epidural steroid injection lumbar on 1-13-14 and remained symptomatic. A second injection was requested but denied. He then requested the surgery and it was denied on 10-31-14. He now sends an addendum to these notes including the MRI of the lumbar spine dated 11-5-14. The provider documents the impression as: "At L4-5 there is 5mm diffuse disc bulge combination with moderately severe facet and ligament flavum

hypertrophy which moderate to severely narrow the canal particularly the left lateral recess which may affect the left L5 nerve root. Disc bulge extending into the neural foramen mild to moderately narrows the left and mildly narrows the right neural foramen. At L3-4, there is diffuse bulging of the annulus in combination with mild facet hypertrophy, which minimally narrows the neural foramen. At L5-S1 there is been an anterior discectomy and anterior fusion and posterior lateral solid fusion." His notes continue with a consult with pain management specialist who recommended a spinal cord stimulator trial in which a psychiatric consultation was requested and authorized. The consult suggested the injured worker was suffering from depression. In December, the provider requested the injured worker's care be transferred to the pain management specialist since the injured worker continued to utilize narcotic analgesic medications on a daily basis, but he has yet to see the specialist. He is scheduled on the 24th of July. The injured worker states his pain is now incapacitating and difficult for him to stand or walk more than a few minutes. He has numbness in both legs and has worsened. He experiences dense numbness in the posterior and lateral calves bilaterally. His back pain exceeds his leg pain. He experienced an injury to his back in 2001 and underwent a posterior lumbar interbody fusion with threaded interbody fusion cages at L5-S1. He underwent the removal of the pedicle screw instrumentation postoperatively. His symptoms at that time improved and he returned to work. Overtime, the symptoms have returned and worsened to this point. On physical examination of the lumbar spine, the provider notes his gait is normal and he is able to heel-toe walk without observed deficits. He has reduced flexion, extension and bilateral lateral flexion with range of motion due to pain. He has tenderness in the lumbosacral midline. The provider is requesting authorization of XLIF (eXtreme Lateral Interbody Fusion) L4-L5 with instrumentation, laminectomy L4 and L5, posterior fusion L4-L5 with instrumentation and associated services.

IMR ISSUES, DECISIONS AND RATIONALES

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

XLIF L4-L5 with instrumentation, laminectomy L4 and L5, posterior fusion L4-L5 with instrumentation: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

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, XLIF.

Decision rationale: The ACOEM Guidelines states that, except for cases of trauma-related spinal fracture or dislocation, fusion of the spine is not usually considered during the first three months of symptoms. Patients with increased spinal instability (not work-related) after surgical decompression at the level of degenerative spondylolisthesis may be candidates for fusion. CA MTUS/ACOEM Guidelines are silent on the specific request for XLIF. According to the Official Disability Guidelines, XLIF it is not recommended. The guidelines state that, additional studies are required to further evaluate and monitor the short and long-term safety, efficacy, outcomes, and complications of XLIF procedures. Therefore, the request is not medically necessary.

Pre-operative medical clearance: 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.

Inpatient Stay (2-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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated Surgical Service: CyberTech back 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 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: Four-point front wheel 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated Surgical Service: 3-in-1 commode: 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.

Post-operative cold therapy unit (7-day rental): 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.