

Case Number:	CM15-0185406		
Date Assigned:	09/25/2015	Date of Injury:	05/19/2013
Decision Date:	11/05/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/21/2015

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 was a 65-year-old female who sustained an industrial injury on 5/19/13. Injury occurred while she was working as a caregiver and lifted her patient off of the toilet. Conservative treatment included physical therapy, activity modification, weight loss, oral medications, home exercise program, pool therapy, and a TENS unit. The 10/31/14 lumbar spine MRI impression documented grade 2 spondylolisthesis at L5/S1 with broad-based disc protrusion and right facet arthropathy, resulting in right lateral recess narrowing and severe bilateral neuroforaminal stenosis, and a small central disc protrusion at L4/5. The 1/2/15 scoliosis x-rays study showed anterior sagittal imbalance, likely secondary to grade 2 to grade 3 anterolisthesis of L5/S1, with no significant coronal imbalance, and lumbar vertebral body heights preserved. The 6/22/15 physical therapy note indicated that the injured worker had completed 24 visits. She had increased low back pain and left knee pain relative to repetitive stair climbing. She had been able to increase her lifting tolerance to 15 pounds. There was continued trunk weakness. The injured worker was released to self-directed pool exercise. The 7/27/15 treating physician report cited significant low back pain, especially with stairs. She was only able to work very light duty. Physical exam documented a normal neurologic exam with negative straight leg raise. Surgery had been recommended and was supported by abnormal MRI findings. The 8/11/15 treating physician report cited continued low back pain, especially going up and down stairs. Physical exam documented lumbar tenderness but no spasms, restricted lumbar range of motion, normal lower extremity deep tendon reflexes, good bilateral foot/ankle motor function, intact sensation, and negative straight leg raise. She was continuing to work on weight loss and was to follow-up with surgeon. Authorization was requested for

L5/S1 posterior spinal fusion/transforaminal lumbar interbody fusion (arthrodesis including laminectomy and/or discectomy, posterior non-segmental instrumentation, cage implant, and bone graft), assistant surgery, and 3-day inpatient stay. The 9/8/15 utilization review non-certified the L5/S1 posterior spinal fusion/transforaminal lumbar interbody fusion and associated surgical requests as there was no evidence of severe and disability lower leg symptoms, activity limitations were not clearly documented, there was no clear clinical imaging documenting the injured worker's radicular etiology, there was no measured instability, and there was no documented failure of conservative treatment. The 9/11/15 psychological report cited long-term history of anti-depressant use for maintenance treatment of major depressive disorder, currently in remission. Co-morbid pain had also contributed to depression. She had lost significant weight without improvement in pain. Family was very supportive and she was well prepared for surgery. She was to continue with her current anti-depressant medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 PSF/TLIF (Arthrodesis including laminectomy and/or discectomy, posterior non-segmental instrumentation lumbar, cage implant, bone graft): Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Spinal fusion.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations. 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 guidelines recommend that clinicians consider referral for psychological screening to improve surgical outcomes. The Official Disability Guidelines recommend lumbar spine fusion as an option for patients with spondylolisthesis (isthmic or degenerative) with instability, and/or symptomatic radiculopathy, and/or symptomatic spinal stenosis when there are 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) and subject to pre-surgical clinical indications below. Pre-operative clinical surgical indications require completion of all physical therapy and manual therapy interventions, x-rays demonstrating spinal instability and/or imaging demonstrating nerve root impingement correlated with symptoms and exam findings, spine fusion to be performed at 1 or 2 levels, psychosocial screening with confounding issues addressed, and smoking cessation for at least 6 weeks prior to surgery and during the period of fusion healing. Guideline criteria have been met. This injured worker presents with persistent and function-limiting axial low back pain. She has been unable to return to full duty work as a caregiver. Detailed evidence of a recent,

reasonable and/or comprehensive non-operative treatment has been documented, without sustained improvement. Psychosocial screening is evidenced and there are no current psychological issues that have not been addressed. There are imaging findings of severe neuroforaminal stenosis and grade 2 to 3 spondylolisthesis at the L5/S1 level. Therefore, this request is not medically necessary at this time.

Associated surgical service: Assistant surgeon: 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, Surgical assistant.

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 22612, 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.

Associated surgical service: 3 days 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, 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 lateral 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.