

Case Number:	CM15-0187472		
Date Assigned:	09/29/2015	Date of Injury:	08/27/2012
Decision Date:	11/09/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/23/2015

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 52-year-old male who sustained an industrial injury on 8/27/12 relative to cumulative trauma. Past medical history was reported as negative. He was noted to be a non-smoker. Conservative treatment had included activity modification, anti-inflammatory medication, chiropractic treatment, and spinal injections. The 6/23/15 treating physician report cited persistent low back pain radiating into the bilateral lower extremities, left greater than right. There was 4/5 left anterior tibialis weakness. X-rays showed 12 mm of retrolisthesis at L5/S1. The injured worker had failed physical therapy and epidural steroid injections. A pre-operative MRI was requested for a planned L5/S1 anterior lumbar interbody fusion. The 8/31/15 lumbar spine MRI impression documented moderate disc degeneration at L5/S1 with 1-3 mm circumferential disc bulge, mild facet arthropathy, and 4 mm retrolisthesis resulting in moderately severe bilateral lateral recess and foraminal stenosis. At L4/5, there was a 2 mm disc protrusion without stenosis. The 9/2/15 treating physician report cited persistent low back pain radiating into the left lower extremity with numbness at the left dorsal foot, consistent with an L5 nerve distribution, and also going down his right leg. Physical exam documented 5-/5 left anterior tibialis weakness and numbness over the dorsal left foot. X-rays demonstrated 1 cm of retrolisthesis at L5/S1. Imaging showed L5/S1 lateral recess and foraminal stenosis, and edema around the L5/S1 disc. The injured worker had failed all conservative treatment with greater than 4 mm of instability at L5/S1. Authorization was requested for an anterior lumbar interbody fusion at L5/S1 with possible posterior decompression, assistant surgeon, 5-7 day inpatient stay, and pre-operative clearance. The 9/15/15 utilization review certified the requested lumbar spine

fusion and an assistant surgeon. The associated request for a 5-7 day inpatient stay was modified to 3 days consistent with the Official Disability Guidelines. The request for pre-operative clearance was modified to include CBC (complete blood count), BMP (basic metabolic panel), and UA (urinalysis) citing there was no rationale to support the medical necessity of additional testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Service: Inpatient 5-7 day stay: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Low Back.

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 anterior lumbar fusion is 3 days. The 9/15/15 utilization review modified the request for 5 to 7 days length of stay, certifying 3 days. There is no compelling reason to support the medical necessity beyond guideline recommendations and the 3 day hospital stay previously certified. There is no evidence of any significant comorbidity that would require an exception to guidelines. Therefore, this request is not medically necessary.

Pre-operative Clearance: 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)-TWC Low Back Procedure Summary.

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. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2010 Jun. 40 p.

Decision rationale: The California MTUS guidelines do not provide recommendations for pre-operative clearance. Evidence based medical guidelines indicate that a basic pre-operative assessment is required for all patients undergoing diagnostic or therapeutic procedures. Middle-aged males have known occult increased medical/cardiac risk factors. Guideline criteria have been met based on patient age, magnitude of surgical procedure, recumbent position, fluid exchange and the risks of undergoing anesthesia. Therefore, this request is medically necessary.