

<b>Case Number:</b>	CM15-0020742		
<b>Date Assigned:</b>	02/10/2015	<b>Date of Injury:</b>	06/03/2009
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	01/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/04/2015

### 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:

The injured worker is a 57-year-old female who sustained an industrial injury on 6/3/09. Injury occurred relative to a slip and fall, landing on her buttock. Past surgical history was positive for T3, T4, and T5 laminectomy. A spinal cyst aspiration in 2010 resulted in a MRSA spinal infection and was associated with T5 paraplegia with neurogenic bowel and bladder. The patient has been diagnosed with a severe spinal cord injury with syrinx extending from C2 down throughout the thoracic spine. Conservative treatment has included medications, physical therapy, and occupational therapy. The 12/12/14 treating physician report expressed concern regarding the level of significant C5, C6, and C7 nerve compression and anterior/posterior spinal cord compression at C5/6. She had dysphagia issues with swallowing and choking problems. The medical necessity of cervical fusion was opined to avoid further extension of the spinal cord injury resulting in quadriplegia. The 1/9/15 treating physician report cited severe left lower extremity pain and numbness. Imaging demonstrated marked disc herniation at the L4/5 and L5/S1 level with retrolisthesis at L5/S1 and severe foraminal stenosis bilaterally, and L4/5 stenosis. Authorization was documented for anterior-posterior C4-7 fusion and a left L4/5 and L5/S1 decompression was requested two days following her cervical fusion to attempt to improve pain control and functionality relative to her left lower extremity radiculopathies. The treating physician requested left sided L4-5, L5-S1 lumbar decompression, 3 day inpatient hospital stay, lumbar brace, RN home health evaluation, assistant surgeon, and somatosensory evoked potentials. On 1/28/2015, Utilization Review had non-certified a request for left sided L4-5, L5-S1 lumbar decompression, 3 day inpatient hospital stay, lumbar brace, RN home health

evaluation, assistant surgeon, and somatosensory evoked potentials. The California MTUS Chronic Pain, ACOEM, and Non-MTUS Medical Treatment Guidelines were cited. The rationale for non-certification indicated that documentation was lacking relative to dermatomal pain pattern, and neurologic findings correlated to the proposed surgical levels. Compression findings were limited to one level on MRI. Complexities of the pain generation required further clarification.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Left sided L4-5, L5-S1 Lumbar decompression QTY: 1.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

**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, Discectomy/Laminectomy.

**Decision rationale:** The California MTUS guidelines recommend lumbar discectomy for carefully selected patients with nerve root compression due to lumbar disc prolapse. The Official Disability Guidelines recommend criteria for lumbar discectomy and laminectomy that include symptoms/findings that confirm the presence of radiculopathy and correlate with clinical exam and imaging findings. Guideline criteria include evidence of nerve root compression, imaging findings of nerve root compression, lateral disc rupture, or lateral recess stenosis, and completion of comprehensive conservative treatment. Guidelines require all of the following conservative treatments: activity modification for at least 2 months, drug therapy, and referral for physical medicine (physical therapy, manual therapy). Guideline criteria have not been met. This patient has reported severe left lower extremity pain and numbness, despite conservative treatment. There is no documentation of a dermatomal pattern of symptoms or clinical documentation of a neurologic lower extremity exam to correlate with imaging findings. Additionally, significant nerve root and cord compression in the cervical spine is noted which may contribute to lower extremity symptoms. The medical necessity of this request prior to resolution of cervical issues does not appear appropriate. Therefore, this request is not medically necessary at this time.

#### **Inpatient LOS (days) QTY: 3.00: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, treatment guidelines; 18th edition (2013 web) Low Back Section Hospital Length of Stay (LOS); Laminectomy.

**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:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Lumbar brace:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; 19th edition (2014 web), Lumbar - back brace, post-operative (Fusion).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM). Occupational Medical Practice Guidelines 2nd Edition. Chapter 12 Low Back Disorders. (Revised 2007) page(s) 138-139.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Home health evaluation/RN:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Treatment guidelines, 19th edition (2014 web) Spine Section - Home Health Services.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Assistance Surgeon:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Current Procedural Terminology (CPT) for code 63042, the need for an assistance is customary.

**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: Surgical assistant.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**SSEP (somatosensory evoked potentials) QTY: 1.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Intraoperative Neurophysiologic Monitoring

During Spinal Surgery, Vincent J. Devlin, J Am Acad Orthop surg. Sept.2007 vol 15 no. 9 549 - 560: Somatosensory-evoked potentials (SSEPs).

**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: Intraoperative neurophysiological monitoring (during surgery).

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.