MAXIMUS Federal Services

| Case Number: | CM15-0027515 | | |
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| Date Assigned: | 02/19/2015 | Date of Injury: | 06/21/2011 |
| Decision Date: | 04/07/2015 | UR Denial Date: | 01/27/2015 |
| Priority: | Standard | Application Received: | 02/13/2015 |

## 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: Physical Medicine & Rehabilitation

## 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 50 year old male sustained an industrial injury on 6/21/11. He subsequently reports back and leg pain. Diagnoses include lumbar radiculopathy and failed back syndrome. The injured worker previously underwent lumbar spine surgery. The documentation makes note that postsurgical changes were noted on recent x-rays and MRIs. Treatments to date have included prescription pain medications. On 1/27/15, Utilization Review non-certified requests for Exploration of fusion L5-S1 and redo-decompression Associated surgical services: Inpatient 3 day stay and Associated surgical services: Aspen LSO lumbar brace. The Exploration of fusion L5-S1 and redo-decompression was denied based on MTUS ACOEM and ODG guidelines. The Associated surgical services: Inpatient 3 day stay and Associated surgical services: Aspen LSO lumbar brace were denied since they were predicated on the initial surgical request which was denied.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Exploration of fusion L5-S1 and redo-decompression:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 209-211, 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines, (ODG) Low Back.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low Back Chapter, Surgery, overview of common surgical recommendations diagnosis Low Back Chapter, Laminectomy.

**Decision rationale:** Per the 12/04/14 report the patient presents with lower back pain with diagnoses of failed back syndrome and history of lumbar fusion. The current request is for EXPLORATION OF FUSION L5-S1 AND REDO-DECOMPRESSION. The RFA included is dated 12/11/14. The patient is off work as of 12/10/14. ODG, Low Back chapter, Fusion – spinal, does not discuss hardware removal. ODG does state, "Revision surgery for failed previous operations(s) if significant functional gains are anticipated. Revision surgery for purposes of pain relief must be approached with extreme caution due to the less than 50% success rate reported in medical literature." ODG, Low Back Chapter, Surgery, overview of common surgical recommendations diagnosis states, "Laminectomy for spinal stenosis." ODG, Low Back Chapter, Laminectomy, states, "Recommended for lumbar spinal stenosis. For patients with lumbar spinal stenosis, surgery (standard posterior decompressive laminectomy alone, without discectomy) offered a significant advantage over nonsurgical treatment in terms of pain relief and functional improvement that was maintained at 2 years of follow-up, according to a new SPORT study." The 06/10/14 report by [redacted] states, "Exploration of fusion with removal of hardware at this time may be beneficial in improving his back pain since the CT scan reveals that solid fusion has occurred." The 04/23/14 CT compared to 04/23/14 MRI study includes the following impression, "Postsurgical changes from a posterior spinal fusion, solid lumbar interbody fusion, and solid, bilateral posterolateral fusion at the L5-S1 level with bilateral laminectomy and partial medial facetectomy defects." "4 mm grade 1 anterollesthesis of L5 on S1." On 07/31/14 [redacted] states there-do of decompression is due to stenosis. In this case, the request is not specific for the type of decompression to be performed. The medical records provided are vague and do not outline the exact procedure to be performed for this "re-do decompression." The ODG guidelines for Hardware removal state, "Not recommend the routine removal of hardware implanted for fixation, except in the case of broken hardware or persistent pain, after ruling out other causes of pain such as infection and nonunion." While the patient may require hardware removal, there is no way to tell exactly what procedure is being requested for the "re-do decompression." The current request IS NOT medically necessary based on the records available for review.

**Associated surgical services: Inpatient 3 day stay:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low Back Chapter,

Surgery, overview of common surgical recommendations diagnosis Low Back Chapter, Laminectomy.

**Decision rationale:** Per the 12/04/14 report the patient presents with lower back pain with diagnoses of failed back syndrome and history of lumbar fusion. The current request is for ASSOCIATED SURGICAL SERVICES IN PATIENT 3 DAY SUPPLY. The RFA included is dated 12/11/14. The patient is off work as of 12/10/14. ODG, Low Back chapter, Fusion-spinal states does not discuss hardware removal. ODG does state, "Revision surgery for failed previous operations(s) if significant functional gains are anticipated. Revision surgery for purposes of pain relief must be approached with extreme caution due to the less than 50% success rate reported in medical literature." ODG, Low Back Chapter, Surgery, overview of common surgical recommendations diagnosis states, "Laminectomy for spinal stenosis." ODG, Low Back Chapter, Laminectomy, states, "Recommended for lumbar spinal stenosis. For patients with lumbar spinal stenosis, surgery (standard posterior decompressive laminectomy alone, without discectomy) offered a significant advantage over nonsurgical treatment in terms of pain relief and functional improvement that was maintained at 2 years of follow-up, according to a new SPORT study." This request is secondary to the request for Exploration of Fusion and redo-decompression discussed above as not medically necessary. Therefore, this request IS NOT medically necessary.

**Associated surgical services: Aspen LSO lumbar brace:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official disability guidelines Low back chapter, Lumbar supports.

**Decision rationale:** Per the 12/04/14 report the patient presents with lower back pain with diagnoses of failed back syndrome and history of lumbar fusion. The current request is for ASSOCIATED SURGICAL DEVICES ASPEN LSO LUMBAR SPINE. The RFA included is dated 12/11/14. The patient is off work as of 12/10/14. ACOEM guidelines page 301 on lumbar bracing state, "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." ODG Low Back - Lumbar & Thoracic Chapter, lumbar supports topic, states, "Recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence, but may be a conservative option)." For post-operative bracing, ODG states, "Under study, but given the lack of evidence supporting the use of these devices, a standard brace would be preferred over a custom post-op brace, if any, depending on the experience and expertise of the treating physician." In this case, a standard brace is recommended for post-operative bracing. However, this request is secondary to the surgical request discussed above as not medically necessary. Therefore, the request IS NOT medically necessary.