

Case Number:	CM15-0029176		
Date Assigned:	02/23/2015	Date of Injury:	11/01/2002
Decision Date:	04/13/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/17/2015

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: 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:

The injured worker is a 56-year-old male, who sustained an industrial injury on 11/41/2002. He has reported a fall with a back injury. The diagnoses have included chronic low back pain with radiculopathy, severe spinal stenosis and disc bulge, lumbar spine. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), physical therapy and Transcutaneous Electrical Nerve Stimulation (TENS). Currently, the IW complains of low back pain with radiation down right leg associated with numbness and weakness of the foot. Physical examination from 1/16/15 documented positive straight leg raise, diminished sensation to bilateral feet. The plan of care was for anterior-posterior surgery with open reduction and internal fixation at L3-4, L4-5 and L5-S1 with fusion. On 2/10/2015 Utilization Review non-certified an appointment for medical clearance and an office fitting, purchase of a lumbar back brace, and purchase of a bone growth stimulator. The MTUS and ODG Guidelines were cited. On 2/17/2015, the injured worker submitted an application for IMR for review of an appointment for medical clearance and an office fitting, purchase of a lumbar back brace, and purchase of a bone growth stimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Medical Clearance Appointment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter 7, (ACOEM Practice Guidelines, 2nd Edition).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, medical clearance.

Decision rationale: This patient presents with chronic low back pain that radiates into the right leg with numbness and weakness in the foot. There is no Request for Authorization (RFA) provided in the medical file. The current request is for medical clearance appointment. With regards to medical clearance, ODG-TWC, Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter states: "Routine preoperative tests are defined as those done in the absence of any specific clinical indication or purpose and typically include a panel of blood tests, urine tests, chest radiography, and an electrocardiogram (ECG). These tests are performed to find latent abnormalities, such as anemia or silent heart disease that could impact how, when, or whether the planned surgical procedure and concomitant anesthesia are performed. It is unclear whether the benefits accrued from responses to true-positive tests outweigh the harms of false-positive preoperative tests and, if there is a net benefit, how this benefit compares to the resource utilization required for testing. An alternative to routine preoperative testing for the purpose of determining fitness for anesthesia and identifying patients at high risk of postoperative complications may be to conduct a history and physical examination, with selective testing based on the clinician's findings." The treating physician has recommended an anterior and posterior lumbar interbody fusion. The Utilization review denied the request for pre op clearance stating that the medical necessity of the request has not been established and the requested surgery must be duly authorized as deeming appropriate and necessary in which the medical records submitted failed to support. ODG guidelines do support pre op evaluations to determine what is needed for pre-operative assessment. In this case, the requested lumbar surgery has not been authorized; therefore, pre op clearance is not medically necessary.

1 Office Fitting: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Office Visits.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints Page(s): 8-9.

Decision rationale: This patient presents with chronic low back pain that radiates into the right leg with numbness and weakness in the foot. There is no Request for Authorization (RFA) provided in the medical file. The current request is for office fitting. MTUS page 8 does require the treating physician provide monitoring and make appropriate recommendations. The medical provided for review includes two progress reports dated 12/18/14 and 1/16/15. Neither of these reports discusses this request. The Utilization review denied the request stating that the medical necessity of the request has not been established and "the requested surgery must be duly authorized as deeming appropriate and necessary in which the medical records submitted failed

to support". It appears that this request is in conjunction with the requested surgery. In this case, the requested lumbar surgery has not been authorized; therefore, this request is not medically necessary.

1 Purchase of Lumbar Back Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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: This patient presents with chronic low back pain that radiates into the right leg with numbness and weakness in the foot. There is no Request for Authorization (RFA) provided in the medical file. The current request is for purchase of lumbar back brace. 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 Guidelines under its Low Back Chapter regarding Back brace, postoperative fusion 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. There is conflicting evidence, so case-by-case recommendations are necessary (few studies though lack of harm and standard of care). There may be special circumstances (multilevel cervical fusion, thoracolumbar unstable fusion, non-instrumented fusion, mid-lumbar fractures, etc.) in which some external immobilization might be desirable. In this case, the requested lumbar surgery has not been authorized; therefore, this request is not medically necessary.

1 Purchase of Bone Growth Stimulator: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Bone Growth chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low Back - Lumbar & Thoracic chapter, under Bone growth stimulators.

Decision rationale: This patient presents with chronic low back pain that radiates into the right leg with numbness and weakness in the foot. There is no Request for Authorization (RFA) provided in the medical file. The current request is for purchase bone growth stimulator. ODG Guidelines, Low Back - Lumbar & Thoracic chapter, under Bone growth stimulators states: "Under study. There is conflicting evidence, so case-by-case recommendations are necessary. Some limited evidence exists for improving the fusion rate of spinal fusion surgery in high-risk cases - e.g., revision pseudoarthrosis, instability, and smoker. There is no consistent medical evidence to support or refute use of these devices for improving patient outcomes; there may be a

beneficial effect on fusion rates in patients at "high risk", but this has not been convincingly demonstrated. Criteria for use for invasive or non-invasive electrical bone growth stimulators: Either invasive or noninvasive methods of electrical bone growth stimulation may be considered medically necessary as an adjunct to spinal fusion surgery for patients with any of the following risk factors for failed fusion: 1. One or more previous failed spinal fusions; 2. Grade III or worse spondylolisthesis; 3. Fusion to be performed at more than one level; 4. Current smoking habit ; 5. Diabetes, Renal disease, Alcoholism; or 6. Significant osteoporosis which has been demonstrated on radiographs." In regards to the request for a bone growth stimulator for postoperative use following the requested lumbar surgery, the requested surgery has not been authorized. Furthermore, this patient does not present with any of the "high-risk" factors such as smoking, osteoporosis, diabetes, or renal disease. This request is not medically necessary.