

Case Number:	CM15-0045132		
Date Assigned:	03/16/2015	Date of Injury:	03/29/2011
Decision Date:	05/11/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/09/2015

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: 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 38-year-old male who reported an injury on 03/29/2011. The mechanism of injury was the injured worker was tipping forward and a prop was filled with water and as the injured worker went to lower the prop, he felt an immediate pop in his low back followed by pain. The documentation indicated the injured worker underwent an MRI of the lumbar spine on 09/07/2012 with an unofficial read which revealed mild to moderate disc space narrowing at L4- 5 with mild diffuse disc bulge. There was a left L4 hemilaminotomy and there appeared to be small granulation tissue in the left subarticular and paracentral anterior spinal canal at L4-5. The measurements were approximately 10 x 3 mm transverse by AP. There was questionable mild mass effect on the exiting L4 nerve root and mild bilateral neural foraminal stenosis at L4-5. There was no central canal stenosis and no neural foraminal stenosis above or below L4-5. The documentation of 02/18/2015 revealed the injured worker had undergone a psychiatric evaluation. The injured worker indicated he would like to undergo surgery. The request was made for an L4-5 interbody fusion and redo L4-5 laminotomy and discectomy surgery with posterior spine fusion with instrumentation at L4-5. This was previously denied as there was no record of the injured worker being a candidate for surgery from a psychological standpoint and the smoking status was unclear. The injured worker indicated he had continued low back pain radiating to his buttocks, posterior thigh, and calves, with associated numbness in his bilateral feet. There was decreased light touch sensation in the left lateral calf and bilateral feet diffusely. Lumbar flexion, extension, and bilateral lateral flexion were decreased. The patellar reflexes were 2+ bilaterally. The injured worker had moderate tenderness in the lumbosacral midline and paralumbar muscles. The diagnoses included status post left L4-5 laminotomy and discectomy for a large disc extrusion,

degenerative disc L4-5 with residual left L5 radiculopathy, postdiscectomy syndrome, multilevel thoracic disc protrusions with intractable thoracic back pain, and left proximal humerus enchondroma with otherwise normal shoulder MRI with persistent left shoulder pain. The treatment plan included the injured worker underwent psychological evaluation and there would be an attempt to obtain the review. The injured worker was noted to have been attempting to quit smoking and the injured worker had decreased from 1 pack per day to half a pack per day. The physician documented there was a discussion regarding poor wound healing and the possible pseudoarthrosis with smoking. The injured worker indicated he would attempt to stop smoking. Prior therapies were noted to include physical therapy. The injured worker underwent a psychiatric evaluation on 12/02/2014; however, the evaluation was not for surgical clearance. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior Lumbar interbody Fusion via Lateral Retroperitoneal Approach (XLIF) and Redo L4-L5 Laminotomy and Discectomy and Posterior Spinal Fusion with Instrumentation L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 307, 310, and 305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Lumbar & Thoracic (Acute & Chronic) Chapter.

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 Chapter, XLIF (eXtreme Lateral Interbody Fusion).

Decision rationale: The American College of Occupational and Environmental Medicine indicates a surgical consultation may be appropriate for injured workers who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies preferably with accompanying objective signs of neural compromise. There should be documentation of activity limitations due to radiating leg pain for more than 1 month or the extreme progression of lower leg symptoms, and clear clinical, imaging and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair and documentation of a failure of conservative treatment to resolve disabling radicular symptoms. Additionally, there is no good evidence from controlled trials that spinal fusion alone is effective for treating any type of acute low back problem, in the absence of spinal fracture, dislocation, or spondylolisthesis if there is instability and motion in the segment operated on. Clinicians should consider referral for psychological screening to improve surgical outcomes. There was a lack of documentation of a failure of conservative care. The specific conservative care and duration of conservative care were not provided. There was a lack of documentation of MRI findings or electrophysiologic evidence to support the necessity for surgical intervention. The injured worker continued smoking. The American College of Occupational and Environmental Medicine guidelines specifically do not address XLIF, extreme lateral interbody fusion. As such, secondary guidelines were sought. The Official Disability Guidelines indicate that an XLIF is not recommended. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request for anterior lumbar interbody fusion via lateral retroperitoneal approach (XLIF) and redo L4-L5 laminotomy and discectomy and posterior spinal fusion with instrumentation L4-L5 is not medically necessary.

Pre-operative Medical Clearance: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

Cybertech Back Brace: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

Spinalogic Bone Growth Stimulator: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

Cold Compression Unit: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

Back Pad Compression: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

4 point Front Wheel Walker: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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