

Case Number:	CM14-0114618		
Date Assigned:	10/08/2014	Date of Injury:	11/01/2006
Decision Date:	11/12/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/22/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 52-year-old female with an 11/1/06 date of injury. At the time (4/30/14) of request for authorization for lateral interbody fusion, L4-L5; posterior spinal fusion, L4-L5; Laminectomy L4-L5; Associated surgical service: Pre-op clearance; Associated surgical service: Pre-op Labs: CBC, BMP, PT, PTT; Associated surgical service: 2-3 day inpatient stay; Associated surgical service: Surgical assistant; Associated surgical service: pre-Op Chest x-ray; and Associated surgical service: pre-operative labs urinalysis, there is documentation of subjective (fluttering sensation in the left thigh to the lateral left knee, pain in the right hip region, numbness of the sides of the legs and top of left foot, and pain in the buttocks, right hip, leg, and back of both knees) and objective (4/5 motor strength in the quadratus, tibialis anterior, and extensor hallucis longus; and decreased sensation over the lateral thigh and calf) findings, imaging findings (MRI lumbar spine (4/21/14) report revealed 8mm anterolisthesis of L4 on L5 with 4mm extrusion of the disc material along the posterior aspect of L4 in a right paracentral locations; uncovering of the disc along the entire posterior margin of the disc; the extruded disc material contacts the exiting nerve roots on the right without frank compression; central canal narrowing to 9mm in AP dimension with crowding of the traversing nerve roots; bilateral facet joint effusions with ligamentum laxity and hypertrophic degenerative changes. X-rays lumbar spine (3/17/14) report revealed spondylolisthesis at L4-5 with 7-8mm of anterolisthesis, and 3-4mm of translation with flexion and extension), current diagnoses (grade 1 spondylolisthesis, radiculopathy, and degeneration lumbar intervertebral disc), and treatment to date (physical therapy and medications).

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Pre-op Labs: CBC, BMP, PT, PTT: Overturned

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 (ODG) Low Back Chapter, Preoperative lab testing

Decision rationale: MTUS does not address this issue. ODG identifies that preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. Within the medical information available for review, there is documentation of diagnoses of grade 1 spondylolisthesis, radiculopathy, and degeneration lumbar intervertebral disc. In addition, given documentation of an associated request for surgery that is medically necessary, there is documentation that pre-op labs can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management. Therefore, based on guidelines and a review of the evidence, the request for Associated surgical service: Pre-op Labs: CBC, BMP, PT, PTT is medically necessary.

Lateral interbody fusion, L4-L5: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines)

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, Discectomy/laminectomy

Decision rationale: MTUS reference to ACOEM identifies documentation of severe and disabling lower leg symptoms in the distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise; Activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms; Failure of conservative treatment; and an Indication for fusion (instability OR a statement that decompression will create surgically induced instability), as criteria necessary to support the medical necessity of laminotomy/fusion. ODG identifies documentation of subjective (pain, numbness, or tingling in a correlating nerve root distribution) and objective (sensory changes, motor changes, or reflex changes (if reflex relevant to the associated level) in a correlating nerve root distribution) radicular findings in each of the requested nerve root distributions, imaging (MRI, CT, myelography, or CT myelography & x-ray) findings (nerve root compression OR moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis) at each of the requested levels, and failure of conservative treatment (activity modification, medications, and physical modalities), as criteria necessary to support the medical

necessity of decompression. Within the medical information available for review, there is documentation of diagnoses of grade 1 spondylolisthesis, radiculopathy, and degeneration lumbar intervertebral disc. In addition, there is documentation of subjective (pain and numbness) and objective (sensory changes and motor changes) radicular findings in the requested nerve root distributions, imaging (MRI) findings (nerve root compression) at the requested levels, and failure of conservative treatment (activity modification, medications, and physical modalities). Furthermore, there is documentation of an Indication for fusion (instability). Therefore, based on guidelines and a review of the evidence, the request for lateral interbody fusion, L4-L5 is medically necessary.

Associated surgical service: Pre-op clearance: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, 2nd edition, Chapter 7- Independent medical examinations and consultations

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 Chapter, Preoperative lab testing

Decision rationale: MTUS does not address this issue. ODG identifies that preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. Within the medical information available for review, there is documentation of diagnoses of grade 1 spondylolisthesis, radiculopathy, and degeneration lumbar intervertebral disc. In addition, given documentation of an associated request for surgery that is medically necessary, there is documentation that pre-op clearance can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management. Therefore, based on guidelines and a review of the evidence, the request for Associated surgical service: Pre-op clearance is medically necessary.

Laminectomy L4-L5: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines)- Treatment for Workers Compensation, online edition; Chapter: Low back- lumbar and thoracic, laminectomy/discectomy

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, Discectomy/laminectomy

Decision rationale: MTUS reference to ACOEM identifies documentation of severe and disabling lower leg symptoms in the distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise;

Activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms; Failure of conservative treatment; and an Indication for fusion (instability OR a statement that decompression will create surgically induced instability), as criteria necessary to support the medical necessity of laminotomy/fusion. ODG identifies documentation of subjective (pain, numbness, or tingling in a correlating nerve root distribution) and objective (sensory changes, motor changes, or reflex changes (if reflex relevant to the associated level) in a correlating nerve root distribution) radicular findings in each of the requested nerve root distributions, imaging (MRI, CT, myelography, or CT myelography & x-ray) findings (nerve root compression OR moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis) at each of the requested levels, and failure of conservative treatment (activity modification, medications, and physical modalities), as criteria necessary to support the medical necessity of decompression. Within the medical information available for review, there is documentation of diagnoses of grade 1 spondylolisthesis, radiculopathy, and degeneration lumbar intervertebral disc. In addition, there is documentation of subjective (pain and numbness) and objective (sensory changes and motor changes) radicular findings in the requested nerve root distributions, imaging (MRI) findings (nerve root compression) at the requested levels, and failure of conservative treatment (activity modification, medications, and physical modalities). Furthermore, there is documentation of an Indication for fusion (instability). Therefore, based on guidelines and a review of the evidence, the request for Laminectomy L4-L5 is medically necessary.

Posterior spinal fusion, L4-L5: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines)

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, Discectomy/laminectomy

Decision rationale: MTUS reference to ACOEM identifies documentation of severe and disabling lower leg symptoms in the distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise; Activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms; Failure of conservative treatment; and an Indication for fusion (instability OR a statement that decompression will create surgically induced instability), as criteria necessary to support the medical necessity of laminotomy/fusion. ODG identifies documentation of subjective (pain, numbness, or tingling in a correlating nerve root distribution) and objective (sensory changes, motor changes, or reflex changes (if reflex relevant to the associated level) in a correlating nerve root distribution) radicular findings in each of the requested nerve root distributions, imaging (MRI, CT, myelography, or CT myelography & x-ray) findings (nerve root compression OR moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis) at each of the requested levels, and failure of conservative treatment (activity modification, medications, and physical modalities), as criteria necessary to support the medical necessity of decompression. Within the medical information available for review, there is documentation of diagnoses of grade 1 spondylolisthesis, radiculopathy, and degeneration

lumbar intervertebral disc. In addition, there is documentation of subjective (pain and numbness) and objective (sensory changes and motor changes) radicular findings in the requested nerve root distributions, imaging (MRI) findings (nerve root compression) at the requested levels, and failure of conservative treatment (activity modification, medications, and physical modalities). Furthermore, there is documentation of an Indication for fusion (instability). Therefore, based on guidelines and a review of the evidence, the request for Posterior spinal fusion, L4-L5 is medically necessary.

Associated surgical service: 2-3 day inpatient stay: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines) Hospital length of stay guidelines

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, Hospital length of stay (LOS)

Decision rationale: MTUS does not address the issue. ODG identifies a hospital length of stay of up to 4 days in the management of lumbar decompression/fusion. Within the medical information available for review, there is documentation of diagnoses of grade 1 spondylolisthesis, radiculopathy, and degeneration lumbar intervertebral disc. In addition, there is documentation of a pending surgery that is medically necessary. Therefore, based on guidelines and a review of the evidence, the request for Associated surgical service: 2-3 day inpatient stay is medically necessary.

Associated surgical service: Surgical assistant: Overturned

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 (ODG) Low Back, Surgical assistant

Decision rationale: MTUS does not address this issue. ODG identifies that a surgical assistant is recommended as an option in more complex surgeries (lumbar decompression and fusion). Within the medical information available for review, there is documentation of diagnoses of grade 1 spondylolisthesis, radiculopathy, and degeneration lumbar intervertebral disc. In addition, there is documentation of a pending complex surgery that is medically necessary (lumbar decompression and fusion). Therefore, based on guidelines and a review of the evidence, the request for Associated surgical service: Surgical assistant is medically necessary.

Associated surgical service: pre-Op Chest x-ray: Overturned

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 (ODG) Low Back Chapter, Preoperative lab testing

Decision rationale: MTUS does not address this issue. ODG identifies that preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. Within the medical information available for review, there is documentation of diagnoses of grade 1 spondylolisthesis, radiculopathy, and degeneration lumbar intervertebral disc. In addition, given documentation of an associated request for surgery that is medically necessary, there is documentation that pre-op chest x-ray can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management. Therefore, based on guidelines and a review of the evidence, the request for Associated surgical service: pre-op Chest x-ray is medically necessary.

Associated surgical service: pre-operative labs urinalysis: Overturned

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 (ODG) Low Back Chapter, Preoperative lab testing

Decision rationale: MTUS does not address this issue. ODG identifies that preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. Within the medical information available for review, there is documentation of diagnoses of grade 1 spondylolisthesis, radiculopathy, and degeneration lumbar intervertebral disc. In addition, given documentation of an associated request for surgery that is medically necessary, there is documentation that pre-op labs can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management. Therefore, based on guidelines and a review of the evidence, the request for Associated surgical service: pre-operative labs urinalysis is medically necessary.