

<b>Case Number:</b>	CM14-0130660		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	01/29/2014
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	07/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/15/2014

### 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 Spine Surgeon and is licensed to practice in Texas. 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:

The injured worker is a 50-year-old female who reported an injury on 01/29/2014 after a twisting motion while throwing away a bag of trash. The injured worker reportedly sustained an injury to her low back. The injured worker was treated conservatively with physical therapy, medications, and activity modifications. The injured worker underwent a MRI, dated 06/23/2014, that documented the injured worker had a grade 1 spondylolisthesis at L4-5, causing moderate to marked spinal stenosis at that level. The injured worker was evaluated on 07/08/2014. Physical findings included a positive straight leg raising test bilaterally with mild weakness of the left ankle dorsiflexor rated at 2/5, and 2/5 weakness of the left extensor hallucis longus and right extensor hallucis longus. The injured worker's treatment recommendations included lumbar laminectomy and fusion at L4-5. The injured worker underwent a psychological evaluation on 08/22/2014 and it was determined that the injured worker was psychologically prepared to undergo surgical intervention. No Request for Authorization form was submitted to support the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Anterior L4-5 lumbar interbody fusion with instrumentation:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back (updated 07/03/14)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 307.

**Decision rationale:** The requested Anterior L4-5 lumbar interbody fusion with instrumentation is medically necessary and appropriate. The American College of Occupational and Environmental Medicine recommend fusion surgery and stabilization for patients who have significant instability and radiculopathy consistent with pathology identified on an imaging study that has failed to respond to conservative treatment. The clinical documentation submitted for review does indicate that the injured worker has been conservatively treated and continues to have significant radicular findings to include moderate motor strength weakness of the bilateral lower extremities and a positive straight leg raising test bilaterally. The injured worker has an imaging study that identifies a spondylolisthesis and moderate stenosis that will contribute to additional instability after decompression. Furthermore, the clinical documentation indicates that the injured worker underwent a psychological assessment that determined the injured worker was an appropriate candidate for this surgical intervention. Given the above information, the request surgery is medically necessary and appropriate.

**Posterior L4-5 lumbar laminectomy/laminotomy:** Overturned

**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): 307.

**Decision rationale:** The requested Posterior L4-5 lumbar laminectomy/laminotomy is medically necessary and appropriate. The American College of Occupational and Environmental Medicine recommend decompression for patients who have radiculopathy consistent with pathology identified on an imaging study that has failed to respond to conservative treatment. The clinical documentation submitted for review does indicate that the injured worker has been conservatively treated and continues to have significant radicular findings to include moderate motor strength weakness of the bilateral lower extremities and a positive straight leg raising test bilaterally. The injured worker has an imaging study that identifies a spondylolisthesis and moderate stenosis that will contribute to additional instability after decompression. Furthermore, the clinical documentation indicates that the injured worker underwent a psychological assessment that determined the injured worker was an appropriate candidate for this surgical intervention. As such, the request L4-L5 lumbar Laminectomy/laminotomy is medically necessary and appropriate.

**Assistant surgeon:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back (updated 07/03/14)

**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, Surgical Assistants

**Decision rationale:** California Medical Treatment Utilization Schedule does not address assistant surgeons. The Official Disability Guidelines recommend assistant surgeons for lumbar surgery when there are complicated surgeries. A lumbar laminectomy and interbody fusion would benefit from the assistance of a surgical assistant. Therefore, the assistant surgery is medically necessary and appropriate.

**Co-vascular surgeon:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.bcbsnc.com>

**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, page(s) Surgical Assistants

**Decision rationale:** California Medical Treatment Utilization Schedule does not address the assistance of a covascular surgeon. The Official Disability Guidelines recommend 1 surgical assistant per procedure. The Official Disability Guidelines allow for additional surgical assistance for teaching hospitals. The clinical documentation submitted for review does not provide any evidence that the injured worker is undergoing the surgical procedure in a teaching environment and 2 assistant surgeons would be required. As such, the request Co-vascular surgeon is not medically necessary or appropriate.

**Pre-operative consultation:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back (updated 07-03/14)

**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, Pre-Operative Testing (general)

**Decision rationale:** The requested preoperative consultation is medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not address preoperative clearance. The Official Disability Guidelines recommend preoperative clearance when the patient is at risk for intraoperative or postoperative complications. The injured worker is over the age of 50, which puts the injured worker at risk for intraoperative and postoperative complications for a surgical intervention involving implanted hardware. As such, the requested preoperative consultation is medically necessary or appropriate.

**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 (ODG), Low Back, updated 07/03/14

**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, Post-Operative Back Brace

**Decision rationale:** California Medical Treatment Utilization Schedule does not address postoperative bracing. The Official Disability Guidelines recommend postoperative bracing for patients who have evidence of instability or have undergone a multilevel fusion. The clinical documentation submitted for review does not provide any evidence the injured worker is undergoing a multilevel fusion or is at risk for instability postsurgically. Therefore, a lumbar brace is not medically necessary or appropriate.

**Cold therapy unit with wrap, for purchase:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, updated 07/03/14

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter and Low Back Chapter, Continuous Flow Cryotherapy and Cryotherapy

**Decision rationale:** California Medical Treatment Utilization Schedule does not address a continuous flow cryotherapy unit postsurgically. The Official Disability Guidelines recommend cold therapy units for surgical intervention on joints, such as shoulders and knees. Continuous flow cryotherapy is not supported for low back surgical intervention. The Official Disability Guidelines recommend alternating hot and cold packs. There is no indication of exceptional factors to support extending treatment beyond guideline recommendations. As such, the requested Cold therapy unit with wrap, for purchase is not medically necessary or appropriate.