

Case Number:	CM14-0140780		
Date Assigned:	09/12/2014	Date of Injury:	02/20/2012
Decision Date:	11/07/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	09/01/2014

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 Occupational Medicine 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of February 20, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; unspecified amounts of manipulative therapy; unspecified amounts of acupuncture; and at least one prior epidural injection. In a Utilization Review Report dated August 4, 2014, the claims administrator denied a request for a laminectomy and posterior spinal fusion surgery. The applicant's attorney subsequently appealed. In a July 25, 2014 progress note, the applicant reported persistent complaints of low back pain radiating to the left leg. The attending provider noted that the applicant had failed a variety of conservative treatments, including physical therapy and epidural injections. An antalgic gait and positive straight leg raising with diminished sensorium about the left L5-S1 distribution were all reported. The applicant had difficulty standing on his toes and heels. The attending provider posited that the applicant had grade I anterolisthesis with associated neuroforaminal narrowing at L4-L5 and electrodiagnostic testing which confirmed radiculopathy at the L4 through S1 levels. The applicant was placed off of work, on total temporary disability, while a lumbar laminectomy and fusion surgery were sought. On May 30, 2014, the applicant again stated that his symptoms were getting worse. The attending provider posited that the applicant has progressively worsening symptomatic spondylolisthesis. An electrodiagnostic testing of March 1, 2013 was notable for chronic nerve root impingement at L4 through S1, apparently consistent with a known radiculopathy process. The applicant apparently received several sets of lumbar MRI studies in February 2014. One of these studies dated February 18, 2014 was notable for degenerative disk disease with grade I anterolisthesis at L4-

L5 and postoperative changes at L5-S1 with mild to moderate neuroforaminal narrowing at the L4-L5 level in question.

IMR ISSUES, DECISIONS AND RATIONALES

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

Laminectomy posterior spinal fusion with instrumentation, post lateral interbody fusion at L4-L5: 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), Discectomy/laminectomy, Fusion

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 12, page 307, Spinal Fusion Section

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 307, applicants with spinal instability after earlier surgical decompression with associated degenerative spondylolisthesis "may be a candidate for fusion." In this case, the applicant has had a prior failed lumbar spine surgery. The applicant has evidence of anterolisthesis/spondylolisthesis at the level in question, L4-L5, and associated neuroforaminal narrowing/neurocompression at this level. Conservative treatment, including time, medications, physical therapy, manipulative therapy, injection therapy, etc., have been tried, exhausted, and failed. Pursuit of a surgical remedy is therefore indicated. Accordingly, the request is medically necessary.

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), Surgical Assistant

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Surgeons (ACS), Physicians as Assistants at Surgery: 2013 study.

Decision rationale: The MTUS does not address the topic. As noted by the American College of Surgeons (ACS), the CPT code 22630- posterior interbody arthrodesis/fusion "almost always" requires a co-surgeon or assistant surgeon. Since the lumbar fusion surgery in question has been deemed medically necessary, the derivative or companion request for a co-surgeon is therefore medically necessary.

5 days inpatient hospital stay: 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), Hospital Length of Stay (LOS)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back Chapter, Hospital Length of Stay topic.

Decision rationale: MTUS does not address the topic of hospital length of stay. While the five-day inpatient hospitalization stay does represent treatment slightly in excess of the three-day best practice target and 3.9 day mean noted in ODG's Hospital Length of Stay Guidelines, the request, as written, is only seemingly a day removed from that reflected in the ODG's actual data. Partial certifications are not permissible through the independent medical review process. The request, as written, is only ~ 1-2 days removed from cited guidelines. Therefore, the request is medically necessary.

Medical clearance with Internist: 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 Medscape, Preoperative Evaluation and Management Article.

Decision rationale: MTUS does not address the topic. However, as noted by Medscape, the additional time invested in a preoperative evaluation yields an improved physician-applicant relationship. In this case, the applicant is set to undergo a major spinal fusion surgery, which has been approved, above. Precursor or preoperative medical clearance evaluation with an internist is therefore indicated. Accordingly, the request is medically necessary.