MAXIMUS Federal Services

Case Number:	CM14-0143893		
Date Assigned:	09/12/2014	Date of Injury:	05/26/2002
Decision Date:	10/24/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/04/2014

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 Family Medicine and is licensed to practice in Tennessee, California and Florida. 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 sustained an injury on 05/26/02 while unloading packages. The injured worker fell backwards with an onset of low back pain. The injured worker is noted to have had an extensive surgical history for the lumbar spine since the date of injury. The injured worker ultimately had an L4 vertebral column resection on 03/25/14 to include a discectomy at L3-4 and L4-5 followed by anterior spinal fusion from L3 through L5. Revision laminectomies were also completed at L3 and L4. There was posterior instrumentation placed from T11 to S1. Conservative treatments have included acupuncture therapy, epidural steroid injections, the use of a TENS unit, anti-inflammatories, and massage therapy. Radiograph scoliosis studies from 05/28/14 did note prior instrumentation from T11 through the sacrum with a metallic strut at L3. There was a mild dextroscoliosis in the mid to lower thoracic spine centered at T9 with an approximate 20 degree Cobb angle. In the lateral view, there was straightening of the thoracic kyphosis with mild exaggeration of the lower lumbar lordosis. There was a mild focal kyphotic angulation at T10-11. The postoperative assessments from 05/28/14 did note the injured worker was doing well postoperatively and was actively weaning off of medications. Per the report, the only current medications were over the counter Excedrin and the use of Methadone. The injured worker's physical examination noted a persistent sagittal imbalance with intact strength in the lower extremities. The injured worker did report numbness in the hands. Per the report, the injured worker was recommended for a secondary osteotomy to achieve full correction and avoid collapse and failure of the surgical construct. The injured worker was recommended to wait until the 6 month postoperative mark at which time a further CT scan would be obtained. This would be to prevent the noted pelvis mismatch by nearly 50 degrees with a persistent sagittal vertical axis at 20cm. Updated MRI studies of the thoracic spine from 06/16/14 again noted a dextroscoliosis in the mid-thoracic region with postoperative

hardware. CT studies of the thoracic spine from 07/15/14 noted a convex right scoliosis with preserved disc spaces. A posterior fusion at T11 and T12 was noted. CT studies of the lumbar spine completed on 07/16/14 noted the postoperative changes. The injured worker's progress report from 08/08/14 again noted severe low back pain with a flexed forward posture at approximately 25-30 degrees with the injured worker attempting to stand upright. Severe tenderness was noted on physical examination with sensory deficit present in the right lower extremity. Radiographs of the lumbar spine completed on 08/20/14 again noted a re-demonstration of a dextrocurvature of the lower thoracic spine with straightening of the thoracic kyphosis. The proposed pedicle subtraction osteotomy at L2 with preoperative chest x-rays, inpatient stay, and preoperative labs with an EKG were denied by utilization review on 09/02/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pedicle subtraction Osteotomy of L2: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: In regards to the requested pedicle subtraction osteotomy at L2, the clinical documentation submitted for review did contain updated imaging of the thoracolumbar spine which noted a persistent dextroscoliosis as well as straightening of the usual thoracic lordosis. The injured worker still had positive sagittal imbalance based on physical examination. Given the updated imaging findings as well as the injured worker's physical examination findings, the pedicle subtraction osteotomy at L2 would be indicated as medically appropriate. It is highly unlikely from the clinical documentation submitted that any further conservative treatment would result in any substantial improvement in the injured worker's sagittal imbalance at this point in time. There is a clear requirement of an L2 osteotomy at this point in time. Therefore, this reviewer would recommend the request as medically necessary.

Pre-Operative CXR: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 105-113.

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 chest x-rays for this injured worker would be supported as medically appropriate. The surgical requests for this injured worker are indicated as medically necessary. Therefore, chest x-rays preoperatively would be needed in order to rule

out any comorbid conditions that could increase risk factors for anesthesia or surgical intervention.

Facility Inpatient x 7 days: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guideline (ODG) Low Back , Hospital Length Of Stay (LOS)

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, In patient stay

Decision rationale: The requested 7 day inpatient stay would be medically appropriate in this case. Given the extensive nature of the surgical request as well as the injured worker's prior operative history, a 7 day inpatient stay would be medically reasonable and necessary to follow the injured worker postoperatively for any complications to include neurological compromise as well as infection and to allow for immediate postoperative rehabilitation to occur.

Pre Operative EKG: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 105-113.

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, In patient stay

Decision rationale: The requested 7 day inpatient stay would be medically appropriate in this case. Given the extensive nature of the surgical request as well as the injured worker's prior operative history, a 7 day inpatient stay would be medically reasonable and necessary to follow the injured worker postoperatively for any complications to include neurological compromise as well as infection and to allow for immediate postoperative rehabilitation to occur.

Pre Operative Labs Complete blood count: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 105-113.

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 lab studies for this injured worker would be supported as medically appropriate. The surgical requests for this injured worker are indicated as medically necessary. Therefore, lab studies preoperatively would be needed in order to rule

out any comorbid conditions that could increase risk factors for anesthesia or surgical intervention.