

Case Number:	CM14-0143927		
Date Assigned:	09/12/2014	Date of Injury:	12/12/2013
Decision Date:	11/24/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/05/2014

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 General Preventive Medicine and is licensed to practice in Indiana. 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:

This employee is a 42 year old male with date of injury of 12/12/2013. A review of the medical records indicates that the patient is undergoing treatment for intervertebral disc disease of the lumbar spine with radiculopathy. Subjective complaints include sharp 10/10 pain in his lower back that is shooting down both legs with numbness, tingling, and weakness. Objective findings include limited range of motion of the lumbar spine with positive straight leg raise bilaterally and tenderness to palpation of the paraspinals; decreased sensation and motor strength in the right leg; an MRI showing a 2-3 mm disc bulge at L5-S1. Treatment has included a Celebrex, Tramadol, Baclofen, Norco, and epidural steroid injection. The utilization review dated 8/19/2014 non-certified an anterior and posterior lumbar fusion and decompression at level L5-S1 hospital stay, bone stimulator, and a back brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior and posterior lumbar fusion and decompression at level L5-S1: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306.

Decision rationale: The above cited guidelines state the following in regards to lower back injuries: "referral for surgical consultation is indicated for patients who have: - Severe and disabling lower leg symptoms in a 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.- 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- Failure of conservative treatment to resolve disabling radicular symptoms."The employee meets the above criteria for severe lower leg symptoms with imaging studies showing radiculopathy and neural compromise. He has severe activity limitations due to the radiating leg pain for many months, and with his current 10/10 pain, he has failed conservative therapy. Therefore, the request for Anterior and posterior lumbar fusion and decompression at level L5-S1 is medically necessary.

Two-day inpatient hospital stay: 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 Section Low Back - Lumbar & Thoracic (Acute & Chronic), Hospital Length of Stay (LOS).

Decision rationale: The above cited guidelines state the following regarding hospitals stays after surgery: "Recommend the median length of stay (LOS) based on type of surgery, or best practice target LOS for cases with no complications. For prospective management of cases, median is a better choice than mean (or average) because it represents the mid-point, at which half of the cases are less, and half are more. For retrospective benchmarking of a series of cases, mean may be a better choice because of the effect of outliers on the average length of stay. Length of stay is the number of nights the patient remained in the hospital for that stay, and a patient admitted and discharged on the same day would have a length of stay of zero. The total number of days is typically measured in multiples of a 24-hour day that a patient occupies a hospital bed, so a 23-hour admission would have a length of stay of zero." "Lumbar Fusion, anterior (ICD 81.06 - Lumbar and lumbosacral fusion, anterior technique) Best practice target (no complications) -- 3 days." Since the request for Anterior and posterior lumbar fusion and decompression at level L5-S1 is medically necessary, the request for a 2 day inpatient stay is also medically necessary.

A bone stimulator: Upheld

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, Bone Growth Stimulators

Decision rationale: MTUS is silent on bone growth stimulators. ODG states "Under study. There is conflicting evidence, so case by case recommendations are necessary (some RCTs with efficacy for high risk cases). Some limited evidence exists for improving the fusion rate of spinal fusion surgery in high risk cases (e.g., revision pseudoarthrosis, instability, smoker). (Mooney, 1990) (Marks, 2000) (Akai, 2002) (Simmons, 2004) There is no consistent medical evidence to support or refute use of these devices for improving patient outcomes; there may be a beneficial effect on fusion rates in patients at "high risk", but this has not been convincingly demonstrated. (Resnick, 2005) Also see Fusion for limited number of indications for spinal fusion surgery. See Knee & Leg Chapter for more information on use of Bone-growth stimulators for long bone fractures, where they are recommended for certain conditions. Either invasive or noninvasive methods of electrical bone growth stimulation may be considered medically necessary as an adjunct to spinal fusion surgery for patients with any of the following risk factors for failed fusion: (1) One or more previous failed spinal fusion(s); (2) Grade III or worse spondylolisthesis; (3) Fusion to be performed at more than one level; (4) Current smoking habit (Note: Other tobacco use such as chewing tobacco is not considered a risk factor); (5) Diabetes, Renal disease, Alcoholism; or (6) Significant osteoporosis which has been demonstrated on radiographs. (Kucharzyk, 1999) (Rogozinski, 1996) (Hodges, 2003)". The treating physician provided no evidence of failed fusion, grade III or worse spondylolisthesis, and no evidence of significant osteoporosis on radiograph. As such the request for a bone stimulator is not medically necessary.

A back brace: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (Lumbar and Thoracic), Lumbar Support

Decision rationale: ACOEM states, "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." ODG states, "Not recommended for prevention. A back brace is recommended as an option for treatment. See below for indications. Prevention: Not recommended for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain. (Jellema-Cochrane, 2001) (Van Poppel, 1997) (Linton, 2001) (Assendelft-Cochrane, 2004) (Van Poppel, 2004) (Resnick, 2005) Lumbar supports do not prevent low back pain. (Kinkade, 2007) A systematic review on preventing episodes of back problems found strong, consistent evidence that exercise interventions are effective and other interventions not effective, including stress management, shoe inserts, back supports, ergonomic/back education, and reduced lifting programs. (Bigos, 2009) This systematic review concluded that there is moderate evidence that lumbar supports are no more effective than doing nothing in preventing low-back pain. (Van Duijvenbode, 2008)". ODG states for use as a treatment "Treatment: Recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific low back pain (very low-quality evidence, but may be a conservative option)." The patient is beyond the acute phase of treatment and the treating physician has provided no

documentation of spondylolisthesis or documented instability. As such the request for lumbar sacral orthosis brace is not medically necessary.