

Case Number:	CM14-0024255		
Date Assigned:	06/11/2014	Date of Injury:	02/18/1997
Decision Date:	09/09/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	02/26/2014

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 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 an 80-year-old male who reported injury on 02/18/1997. The mechanism of injury was not provided. The injured worker underwent a CT myelogram of the lumbar spine with contrast on 06/02/2014, which revealed there was, at the level of T12-L1, there was a loss of disc height with 4 to 5 mm circumferential disc bulge. The pedicles were short. Overall, there is central canal narrowing with contouring of the ventral cord. There was facet hypertrophy with the disc bulge, resulting in severe bilateral neural foraminal narrowing. There was a loss of disc height at L1-2, with disc marginal osteophytosis and facet hypertrophy. Overall, there was moderate central spinal canal stenosis, and severe bilateral neural foraminal narrowing. Physical examination of 01/27/2014 revealed the injured worker had difficulty standing in an upright position. The injured worker had kyphosis at the thoracolumbar junction region. The physician indicated and opined this does not correlate to neutral and appeared to be more fixed deformity, with some tenderness. It was noted to be just above the solid fusion from L2 distal. The injured worker had no major deficits in the legs. The injured worker could stand and walk with a nonantalgic gait. The injured worker indicated he had progressive pain across the thoracolumbar spine, radiating into his anterior abdominal region in an L1-2 type of distribution. Additionally, the injured worker noted a feeling of collapse, where his chest was falling forward onto his belly. The injured worker had difficulty standing for any length of time or walking for length of time. The injured worker's difficulty was relieved by sitting down in a slouched posture. The injured worker underwent x-rays, which showed evidence of a solid fusion from L2-S1. The injured worker had a kyphotic intervertebral collapse at L1-2, which created a gibbous at L1-2 segment. There was advanced intervertebral narrowing at T12-L1, and L1-2, and the injured worker had indwelling hardware cages from L2 distally, as well as segmental hardware. The physician did a medical record review, which revealed the injured

worker had advanced arthrosis at L1-2, with large anterior osteophytic spurs. There were spurs in the adjacent level, vertebral bone to the disc. On axial view, there was a moderate to severe degree of stenosis related to disc protrusion, facet arthropathy, and ligamentum hypertrophy at L1-2. The injured worker had a notable collapse of the intervertebral disc space and thoracolumbar kyphosis. The diagnosis included L1-2 stenosis, remote lumbar fusion L1-S1, neurogenic claudication, and thoracolumbar kyphosis. The treatment plan included the physician opined the injured worker needed to have an operative solution to decompress the stenotic region at L1-2; and to give the injured worker stability; the injured worker needed a fusion that extended to T10. The physician further opined this would be best performed with a direct lateral approach, allowing for an anterior release and anterior interbody cage at L1-2, possibly with an additional level of T12-L1. The documentation indicated the physician had received a denial of care letter, and the physician opined while there was a denial of care, the injured worker had evidence of neural impingement. The injured worker's major complaints were back pain and an inability to stand and walk. It further indicates that the denial letter stated there was no evidence of recent comprehensive non-operative treatment protocol, and failure had not been submitted. The physician documented the injured worker had maintained a good normal body weight, and had worked hard on home exercise, core stabilization, and strengthening. However, these things had not helped his ability to stand for any length of time or walk due to neural impingement in his legs. The physician further documented additionally, the literature does not support improvement in neurogenic claudication and stenosis or impingement problems associated with non-operative core stabilization. The request was made for surgical intervention. The original request was dated 06/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

L1-2 DIRECT LATERAL FUSION: 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): 305-307.

Decision rationale: The ACOEM Guidelines indicate a surgical consultation may be appropriate for injured workers who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging, preferably with accompanying signs of neural compromise, activity limitations due to radiating leg pain for more than 1 month, or extreme progression of lower leg symptoms. There should be documentation of 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, and there should be documentation of a failure of conservative treatment to resolve disabling radicular symptoms. Additionally, they indicate that elderly patients with spinal stenosis who tolerate their daily activities do not require surgery unless bowel or bladder dysfunction develops. Additionally, there is no good evidence from control trials that spinal fusion alone is effective for treating any type of acute low back problem in the absence of spinal fracture, dislocation, or spondylolisthesis if there is instability and motion in

the segment operated on. The clinical documentation submitted for review indicated the injured worker had objective findings upon the MRI for the level of L1-2. There was documentation the injured worker had a failure of conservative care and had difficulty standing for any length of time or walking, which was relieved by sitting down in a slouched posture. This would be indicative of neurogenic claudication. The injured worker had documentation of radiologic findings of kyphotic intervertebral collapse at L1-2. Additionally, there would be no electrodiagnostics that would support neurogenic claudication or a fusion. This request would be supported. Given the above, the request for L1-2 direct lateral fusion is medically necessary.

THREE (3) DAYS INPATIENT 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 Official Disability Guidelines (ODG) Low Back Chapter, Hospital Length of Stay (LOS).

Decision rationale: The Official Disability Guidelines indicate that the best practice target for a stay for a fusion is 3 days. The surgical intervention was approved and this request would be supported. As such, the request for 3-day inpatient stay is medically necessary.

T10 TO L2 POSTERIOR FUSION INSTRUMENTATION: Upheld

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): 305-307.

Decision rationale: The ACOEM Guidelines indicate a surgical consultation may be appropriate for injured workers who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging, preferably with accompanying signs of neural compromise, activity limitations due to radiating leg pain for more than 1 month, or extreme progression of lower leg symptoms. There should be documentation of 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, and there should be documentation of a failure of conservative treatment to resolve disabling radicular symptoms. Additionally, they indicate that elderly patients with spinal stenosis who tolerate their daily activities do not require surgery unless bowel or bladder dysfunction develops. Additionally, there is no good evidence from control trials that spinal fusion alone is effective for treating any type of acute low back problem in the absence of spinal fracture, dislocation, or spondylolisthesis if there is instability and motion in the segment operated on. The clinical documentation submitted for review indicated the injured worker had objective findings upon the MRI for the level of L1-2 and on There was a documentation the injured worker had a failure of conservative care and had difficulty standing for any length of time or walking, which was relieved by sitting down in a slouched posture.

This would be indicative of neurogenic claudication. The injured worker had documentation of radiologic findings of kyphotic intervertebral collapse at L1-2. The injured worker had advanced intervertebral narrowing at T12-L1. This request would be supported. The request to extend the surgical intervention up to T10 would be an intraoperative decision. Given the above, the request for T10 to L2 posterior fusion instrumentation is medically necessary.

ASSISTANT SURGEON FOR BOTH SURGERIES: 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, Surgical Assistant.

Decision rationale: The Official Disability Guidelines indicate a surgical assistant is recommended as an option in more complex surgeries. The clinical documentation submitted for review indicated the injured worker's surgical procedure would be a complex surgery. Given the above, the request for assistant surgeon for both surgeries is medically necessary.

PRE-OP LAB WORK: 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 Chapter, Preoperative lab testing.

Decision rationale: The Official Disability Guidelines indicate that the decision to order preoperative lab tests should be guided by the injured worker's clinical history, comorbidities, and physical examination findings. The request as submitted failed to indicate the type of preoperative lab work that was being requested. As such, this request is not supported. Given the above, the request for preoperative lab work is not medically necessary.

CHEST X-RAY: 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 Chapter, Preoperative testing, general.

Decision rationale: The Official Disability Guidelines indicate chest radiography is reasonable for patients at risk of postoperative pulmonary complications if the results would change

perioperative management. The clinical documentation submitted for review failed to indicate the injured worker was at risk of postoperative pulmonary complications. There was a lack of documented rationale for the request. There was no DWC Form RFA or PR-2 submitted for the requested chest x-ray. Given the above, the request for chest x-ray is not medically necessary.

EKG: 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 Chapter, Preoperative electrocardiogram (ECG).

Decision rationale: The Official Disability Guidelines indicate that a preoperative electrocardiogram is recommended for injured workers undergoing high risk surgery and those undergoing immediate risk surgery who have additional risk factors. The clinical documentation submitted for review failed to provide documentation the injured worker met the above criteria. Given the above, the request for EKG is not medically necessary.

URINALYSIS: 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 Chapter, Preoperative lab testing.

Decision rationale: The Official Disability Guidelines indicate that a preoperative urinalysis is recommended for injured workers undergoing invasive urologic procedures and those undergoing implantation of foreign material. The clinical documentation submitted for review failed to provide documentation of a DWC form RFA or PR-2 to support the necessity for the testing. Given the above, the request for urinalysis is not medically necessary.

HISTORY AND PHYSICAL/CARDIOLOGY CONSULTATION WITH STRESS TEST WITH OC HEART: 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 Other Medical Treatment Guideline or Medical Evidence: <http://www.choosingwisely.org/?s=preoperative+surgical+clearance&submit=>.

Decision rationale: Per the Society of General Internal Medicine Online, "Preoperative assessment is expected before all surgical procedures". The surgical intervention was approved. However, there was a lack of documentation indicating a necessity for a cardiologic consultation with a stress test, with OC heart. Given the above, the request for history and physical cardiology consultation with stress test with OC heart is not medically necessary.

SPINAL CORD MONITORING: 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 Chapter, Intraoperative neurophysiological monitoring (during surgery).

Decision rationale: The Official Disability Guidelines recommend intraoperative neurophysiologic monitoring during spinal or intracranial surgeries when such procedures have a risk of significant complications that can be detected and prevented through the use of neurophysiologic monitoring. The request as submitted failed to indicate the specific type of spinal cord monitoring that was being requested. Given the above, the request for spinal cord monitoring is not medically necessary.