

<b>Case Number:</b>	CM14-0217072		
<b>Date Assigned:</b>	01/06/2015	<b>Date of Injury:</b>	04/07/2003
<b>Decision Date:</b>	06/16/2015	<b>UR Denial Date:</b>	12/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/29/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

### 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 55-year-old female who reported an injury on 04/07/2003. The mechanism of injury was not provided. An MRI of the lumbar spine performed on 09/05/2014 revealed postoperative changes to prior sequential multilevel laminectomies and prosthetic interbody fusions with pedicle screw placement and rod attachments at the L3 to L5, a mild bilateral arthropathy at the L4-S1 level with less than 2 mm posterior disc bulging and multilevel 2.5 to 3.5 mm posterior disc bulging/protrusion shown at the intervening disc spaces between T11 and L3. The clinical note dated 12/12/2014 revealed complaints of left sided paraspinal region to S1 pain with radiating at times to the left anterior thigh. Upon examination of the lumbar spine, the patient ambulated favoring the left lower extremity and walks with a significant limp. The patient was unable to raise up his heel or toe during ambulation due to weakness and imbalance. There are postoperative scars over the abdomen and lower midline lumbar spine. There was tenderness noted to the midline lower lumbar spine upon palpation. There was decreased sensation of the L3 and L4 and L5 dermatome distribution. There was decreased range of motion and 5/5 strength in the bilateral lower extremities except for hip flexion at 3/5, knee flexion at 4/5 and knee extension at 4/5. Positive left sided straight leg raise. The patient had a prior anterior fusion at the L3-4 and L4-5. Diagnoses were status post L3-4 corpectomy and ALIF and L3-S1 PSIF and bilateral L4 laminectomies on 07/24/2013, L4-5 stenosis, L4-5 grade 1 spondylolisthesis, bilateral lumbar radiculopathy with bilateral foot drop, status post L3-4 fusion with pseudoarthrosis and left pes anserinus tendonitis. The provider recommended a left L4-5 hemlaminotomy, foraminotomy, and a removal of hardware L3-5 with

intraoperative spinal cord monitoring. The Request for Authorization form was dated 12/12/2014.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Left L3-L4 Hemflaminotomy Foraminotomy: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 310. Decision based on Non-MTUS Citation Official Disability Guidelines: Work Loss Data Institute, Low Back - Lumbar & Thoracic (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): (s) 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Laminectomy, Discectomy.

**Decision rationale:** The California MTUS/ACOEM Guidelines state that within the first 8 months after onset of acute low back symptoms surgery is considered only when serious spinal pathology or nerve root dysfunction does not respond to conservative therapy. There should be evidence of severe, disabling lower leg symptoms. In addition, should be consistent with abnormalities on imaging studies, activity limitations due to radiating pain for more than 1 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. The documentation submitted for review showed evidence of the injured worker failed to respond to initially recommended conservative treatment to include an epidural steroid injection. There was tenderness noted to the midline lower lumbar spine upon palpation. There was decreased sensation of the L3 and L4 and L5 dermatome distribution. There was decreased range of motion and 5/5 strength in the bilateral lower extremities except for hip flexion at 3/5, knee flexion at 4/5 and knee extension at 4/5. Positive left-sided straight leg raise. An MRI of the lumbar spine performed on 09/05/2014 revealed postoperative changes to prior sequential multilevel laminectomies and prosthetic interbody fusions with pedicle screw placement and rod attachments at the L3 to L5, a mild bilateral arthropathy at the L4-S1 level with less than 2 mm posterior disc bulging and multilevel 2.5 to 3.5 mm posterior disc bulging/protrusion shown at the intervening disc spaces between T11 and L3. Based on the injured worker's correlating symptoms despite extensive conservative treatment, as well as findings suggestive of radiculopathy at the requested levels and corroboration by imaging, medical necessity has been established.

#### **Removal of Hardware L3-5 with Intra Operative Spinal Cord Monitoring: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic).

**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, Hardware implant removal.

**Decision rationale:** The Official Disability Guidelines do not recommend the routine removal of hardware implanted for fixation except in cases of broken hardware or persistent pain after ruling out other causes of pain such as nonunion or infection. It is not recommended solely to protect against allergy, carcinogenesis, or metal detection. A removal is considered since the dually requested surgical intervention was authorized. As such, medical necessity has been established.

**Associated surgical service: Post-Op Lumbar LSO Brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**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, Lumbar supports.

**Decision rationale:** The request for a Post-Op Lumbar LSO Brace is not medically necessary. The guidelines do not recommend lumbar support for prevention and it is under study for post-operative use. As such, medical necessity has not been established.

**Associated surgical service: Pre-Op Medical Clearance:** 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, Preoperative testing, general.

**Decision rationale:** The request for pre-op medical clearance is not medically necessary. The guidelines state that Preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. There is no evidence that the injured worker has a comorbid condition or physical exam findings that would necessitate preoperative testing. As such, medical necessity has not been established.

**Associated surgical service: Assistant Surgeon:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute, ODG Treatment in Workers Compensation, 5th Edition, 2007 or current year, Low Back - Lumbar & Thoracic (Acute & Chronic). Surgical assistant.

**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, Surgical Assistant.

**Decision rationale:** The request for Assistant Surgeon is medically necessary. The guidelines recommend surgical assistants for more complex surgeries. As such, medical necessity has been established.

**Associated surgical service: Facility Inpatient Stay (2 days):** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute, ODG Treatment in Workers Compensation, 5th Edition, 2007 or current year, Low Back - Lumbar & Thoracic (Acute & Chronic).

**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, Hospital Length of Stay.

**Decision rationale:** The request for associated surgical service: Facility Inpatient Stay (2 days) is medically necessary. The guidelines recommend a median length of stay of 2 days. The providers request is congruent with the guideline recommendations. As such, medical necessity has been established.