

<b>Case Number:</b>	CM15-0006518		
<b>Date Assigned:</b>	01/21/2015	<b>Date of Injury:</b>	03/23/2008
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	12/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/12/2015

### 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: New York

Certification(s)/Specialty: Neurological Surgery

### 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 44 year old female registered nurse described an industrial injury on 03/23/2008 when she was pushing a gurney with a patient on it and the fire door swung in hitting her back and pressing her between the gurney and the door. She reported low back pain. She reported low back pain and subsequently underwent a L4-5 discectomy on September 25, 2013. Because of continued pain a spinal stimulator was placed on 2/13/2012. It was removed 11/23/2013. Her diagnoses have included low back pain with radicular symptoms to the lower extremities, degenerative disc disease, facet hypertrophy and disc herniation causing foraminal stenosis, and post laminectomy pain syndrome panic attacks and agoraphobia, opiod dependence, stress and anxiety, and sacroiliac joint arthropathy. Other treatment to date has included physical therapy, medications including Oxycontin 20mg bid and oxycodone prn for breakthrough pain, transforaminal epidural steroid injections orthopedic, pain management, internal medicine, psychiatry and psychology consultations. A progress report from the treating physician, dated 08/28/2014, documented a follow-up evaluation with the injured worker. The injured worker reported ongoing low back pain, described as stabbing and burning, with radiation to the bilateral lower extremities, with numbness, tingling, and weakness; pain is rated at 7/10 on the visual analog scale. Objective findings included marked tenderness to the lumbar-sacral spine with a significant degree of muscle spasm; and slight decreased pinprick sensation in the L5 dermatomal pattern of the bilateral lower extremities. The treatment plan has included request for authorization to proceed with lumbar re-exploration for an L4-5 anterior-posterior fusion; and follow-up evaluation. On 12/16/2014 Utilization Review non-certified a Re-Exploration for an

L4-5 anterior-Posterior Fusion, Graft Instrumentation, Neuromonitoring Assistant, with Anterior Exposure; Home Health Evaluation, Post-Operative, 4 hours a day, 5 days a week, for two weeks; Pre-Operative Medical Clearance; 3 in 1 Commode; Walker; Brace; Bone Stimulator; Post-Operative Physical Therapy, three times a week for four weeks; and Vascular Consultation. The CA MTUS, ACOEM Guidelines: Surgical Considerations; and the ODG, Low Back were cited. On 01/12/2015, the injured worker submitted an application for IMR for review of a Re-Exploration for an L4-5 anterior-Posterior Fusion, Graft Instrumentation, Neuromonitoring Assistant, with Anterior Exposure; Home Health Evaluation, Post-Operative, 4 hours a day, 5 days a week, for two weeks; Pre-Operative Medical Clearance; 3 in 1 Commode; Walker; Brace; Bone Stimulator; Post-Operative Physical Therapy, three times a week for four weeks; and Vascular Consultation.

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

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

**Re-exploration for an L4-5 Anterior-Posterior Fusion, Graft Instrumentation, Neuromonitoring Assistant, with Anterior Exposure by [REDACTED]: Upheld**

**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 Chapter

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305,307.

**Decision rationale:** The California MTUS guidelines note that clear clinical, imaging and electrophysiologic evidence of a lesion shown to benefit both in the short term and long term from surgical repair is recommended for surgical consideration. The documentation does not provide this evidence. Moreover, the MTUS guidelines clearly advise psychological assessment before surgery not after as was the recommended plan in the PR2 note of 8-28-2014. The documentation does not explain why the urine screen for Gabapentin was negative nor why in the face of opioid dependence diagnosed 03-12-13 a program to successfully wean the patient off opioids was not completed. The ODG guidelines specifically do not recommend opioids for chronic spinal pain. The MTUS guidelines indicate that spinal instability is a major criteria for spinal fusion. Documentation provides no evidence of such instability. Therefore, the requested treatment: Re-exploration for an L4-5 Anterior-Posterior Fusion, graft instrumentation, neuromonitoring, assistant, with anterior exposure by vascular surgeon is not medically necessary or recommended.

**Home Health Evaluation, Post-Operative, 4 hrs a day, 5 days a week, for two weeks:**  
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 Since the requested treatment: Re-exploration for an L4-5 Anterior-Posterior Fusion, graft instrumentation, neuromonitoring, assistant, with anterior exposure by vascular surgeon is not medically necessary or recommended, then home health evaluation, post-operative, 4 hours a day, five days a week for two weeks is not medically necessary or appropriate.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Pre-operative 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 Since the requested treatment: Re-exploration for an L4-5 Anterior-Posterior Fusion, graft instrumentation, neuromonitoring, assistant, with anterior exposure by vascular surgeon is not medically necessary or recommended. then home the requested treatment: Pre-operative Medical Clearance is not medically necessary or appropriate.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**3 in 1 Commode:** 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 Since the requested treatment: Re-exploration for an L4-5 Anterior-Posterior Fusion, graft instrumentation, neuromonitoring, assistant, with anterior exposure by vascular surgeon is not medically necessary or recommended. then home the requested treatment: 3 in 1 commode is not medically necessary or appropriate.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Walker:** 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 Since the requested treatment: Re-exploration for an L4-5 Anterior-Posterior Fusion, graft instrumentation, neuromonitoring, assistant, with anterior

exposure by vascular surgeon is not medically necessary or recommended. then home the requested treatment: walker is not medically necessary or appropriate.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Brace:** 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 Since the requested treatment: Re-exploration for an L4-5 Anterior-Posterior Fusion, graft instrumentation, neuromonitoring, assistant, with anterior exposure by vascular surgeon is not medically necessary or recommended. then home the requested treatment: Brace is not medically necessary or appropriate.

**Decision rationale:** Since the requested treatment: Re-exploration for an L4-5 Anterior-Posterior Fusion, graft instrumentation, neuromonitoring, assistant, with anterior exposure by vascular surgeon is not medically necessary or recommended. then home the requested treatment: Brace is not medically necessary or appropriate.

**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 Since the requested treatment: Re-exploration for an L4-5 Anterior-Posterior Fusion, graft instrumentation, neuromonitoring, assistant, with anterior exposure by vascular surgeon is not medically necessary or recommended. then home the requested treatment: Bone stimulator is not medically necessary or appropriate.

**Decision rationale:** Since the requested treatment: Re-exploration for an L4-5 Anterior-Posterior Fusion, graft instrumentation, neuromonitoring, assistant, with anterior exposure by vascular surgeon is not medically necessary or recommended. then home the requested treatment: Bone stimulator is not medically necessary or appropriate.

**Post Operative physical therapy, three times a week for four weeks:** 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 Since the requested treatment: Re-exploration for an L4-5 Anterior-Posterior Fusion, graft instrumentation, neuromonitoring, assistant, with anterior

exposure by vascular surgeon is not medically necessary or recommended. then home the requested treatment: Post Operative physical therapy, three times a week for four weeks is not medically necessary or appropriate.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Vascular Consultation with [REDACTED]:** 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 Since the requested treatment: Re-exploration for an L4-5 Anterior-Posterior Fusion, graft instrumentation, neuromonitoring, assistant, with anterior exposure by vascular surgeon is not medically necessary or recommended. then home the requested treatment: Vascular consultation is not medically necessary or appropriate.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.