

Case Number:	CM15-0121170		
Date Assigned:	07/01/2015	Date of Injury:	01/27/2011
Decision Date:	07/30/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/23/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic 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 injured worker is a 26-year-old female who sustained an industrial injury on 1/27/11. The mechanism of injury was not documented. Past surgical history was positive for left L4/5 laminectomy on 9/26/13. The 12/20/14 lumbar spine MRI revealed L5/S1 combined degenerative disc and facet changes resulted in mild to moderate central canal stenosis and moderate bilateral foraminal stenosis, and previous left L4/5 hemi laminectomy and discectomy, with a transverse left posterolateral disc protrusion extending to the left posterolateral epidural space and resulting in moderate bilateral foraminal stenosis. The 5/18/15 treating physician report cited worsening back and left lower extremity pain. She was currently not working. Physical exam documented restricted and painful lumbar flexion/extension, and tenderness over the paraspinal muscle, sciatic notch, and posterior iliac crest on the left. Deep tendon reflexes were +2 and symmetrical. Motor testing documented 4/5 left anterior tibialis, extensor hallucis longus, and hip abductor weakness on the left. Sensation was decreased over the L5 dermatome. Straight leg raise was positive. The diagnosis was recurrent herniated nucleus pulposus and radiculopathy. Authorization was requested for direct lateral interbody fusion and posterior fusion L4/5 with assistant surgery, 5 day inpatient hospital stay, 18 post-operative physical therapy visits, EKG, labs, Cybertech hard back brace purchase, medical clearance, and a pre-op appointment. The pre-op appointment was reported necessary to discuss risks, benefits and alternatives of the surgical procedure and obtain consent. The 6/10/15 utilization review certified the requests for direct lateral interbody fusion and posterior fusion L4/5 with assistant surgery, 18 post-operative physical therapy visits, EKG, labs, and medical clearance. The request for 5-day inpatient hospital stay was modified to a 3-day stay consistent with the Official Disability Guidelines and after call discussion with the treating physician. The request for purchase of a Cybertech hard back brace was modified to purchase of a pre-fabricated brace consistent with the Official Disability Guidelines. The request for pre-op appointment was non-certified as there

was no clear rationale provided for this appointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Service: 5 Day Inpatient Hospital Stay: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG TWC Low Back Procedure Summary.

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 ½ Lumbar & Thoracic: Hospital length of stay (LOS).

Decision rationale: The California MTUS does not provide hospital length of stay recommendations. The Official Disability Guidelines recommend the median length of stay (LOS) based on type of surgery, or best practice target LOS for cases with no complications. The recommended median and best practice target for anterior or posterior lumbar fusion is 3 days.

The 6/10/15 utilization review modified the request for 5 days length of stay, certifying 3 days and noting agreement with the treating physician as there were no extenuating medical conditions. There is no compelling reason to support the medical necessity beyond guideline recommendations and the 3 day hospital stay previously certified at this time. Therefore, this request is not medically necessary.

Associated Surgical Service: Cybertech Hard Back Brace purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation ODG-TWC.

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 ½ Lumbar & Thoracic: Back brace, post operative (fusion).

Decision rationale: The California MTUS guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The Official Disability Guidelines state that post-operative back bracing after fusion is under study, but given the lack of evidence supporting the use of these devices, a standard brace would be preferred over a custom post-op brace, if any, depending on the experience and expertise of the treating physician. The 6/10/15 utilization review modified the request for purchase of a Cybertech hard back brace to purchase of a pre-fabricated back brace. There is no compelling rationale to support the medical necessity of one specific brand of brace over another. Therefore, this request is not medically necessary.

Pre-op Appointment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Low Back Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Surgery General Information and Ground Rules, California Official Medical Fee Schedule, 1999 edition, pages 92-93.

Decision rationale: The California Official Medical Fee Schedule states that, under most circumstances, including ordinary referrals, the immediate preoperative visit in the hospital or elsewhere necessary to examine the patient, complete the hospital records, and initiate the treatment program is included in the listed value for the surgical procedure. There is no compelling reason to support the medical necessity of a separate certification for the consent process which is part of the pre-operative process. Medical clearance and pre-operative testing has been requested separately and certified. Therefore, this request is not medically necessary.