

<b>Case Number:</b>	CM15-0166370		
<b>Date Assigned:</b>	09/11/2015	<b>Date of Injury:</b>	05/15/2009
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	08/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/24/2015

### 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: California

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:

The injured worker was a 48-year-old male, who sustained an industrial injury, May 15, 2009. The injury was sustained when the injured worker lifted a large steal grate (a storm cover) on the side. According to progress note of July 14, 2015, the injured worker's chief complaint was progressive back pain with radiation down both lower extremities especially with standing and walking. The injured worker has failed conservative treatments of injections, physical therapy and pain management. The physical exam noted diminished right patella reflex as well as diminished right anterior tibial muscle, which was 4 out of 5. There was decreased sensation along the shin on the right side. There was x-rays taken of the lumbar spine, which showed a solid fusion at L4-L5. There was degeneration above the fusion at L3-L4 and transitional anatomy at L5-S1. MRI lumbar spine 7/1/15 showed significant facet hypertrophy with thickening of the ligamentum flavum at L3-L4 above the fusion resulting in lateral recess stenosis and foraminal stenosis on the right at L5/S1 but not at L3/4. The surgical complications were discussed with the injured worker at this visit. The injured worker was diagnosed with spinal stenosis of the lumbar region, obstructive sleep apnea, psychiatric illness, low back pain with right and left lower extremity pain, lumbar spondylosis with facet hypertrophy, residual radiculopathy right lower extremity with neuropathic pain, history of L5-L6 disc herniation status post hemilaminectomy on September 21, 2011 and anterior-posterior fusion on June 11, 2012 and moderate bilateral facet arthropathy at L6-S1 per MRI on July 28, 2014, lumbar spine MRI on July 1, 2015 showed degenerative changes of facet joints with more severity at L5-S1 and less severity at L2-L3, L3-L4 levels noted. The injured worker previously received the

following treatments neck fusions in 2001 and 2004, 2 shoulder surgeries in 2004, bilateral inguinal and umbilical hernia repairs in 1999, lumbar spinal discectomy in 2011 and anterior-posterior fusion in June of 2012, Cymbalta, Norco, Lyrica, Clonazepam, Percocet, Maxalt, epidural steroid injection, on October 30, 2014, with a 50% improvement in symptoms, the injured worker failed trial of Ambien and trazodone. The RFA (request for authorization) dated July 22, 2015; the following treatments were requested outpatient L2-L4 decompression stabilization spinal cord monitoring, assistant surgeon, preoperative chest x-ray, preoperative labs, preoperative EKG (Electrocardiography) and preoperative medical clearance by [REDACTED]. The UR (utilization review board) denied certification on August 10, 2015; due to there was no psychosocial clearance for the procedure. Therefore, the procedure and related items were not medically reasonable or necessary at this time. As such, the request was non-certified.

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

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

#### **L2-L4 Decompression Stabilization with Instrumentation Spinal Cord Monitoring - Outpatient Facility: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Lumbar Fusion.

**Decision rationale:** According to the ACOEM Guidelines, lumbar fusion, except for cases of trauma-related spinal fracture or dislocation, is not usually considered during the first three months of symptoms. Patients with increased spinal instability (not work-related) after surgical decompression at the level of degenerative spondylolisthesis may be candidates for fusion. According to the Official Disability Guidelines, fusion (spinal) should be considered for 6 months of symptom. Indications for fusion include neural arch defect, segmental instability with movement of more than 4.5 mm, revision surgery where functional gains are anticipated, infection, tumor, deformity and after a third disc herniation. In addition, the ODG states that there is a lack of support for fusion for mechanical low back pain for subjects with failure to participate effectively in active rehab pre-op, total disability over 6 months, active psych diagnosis, and narcotic dependence. In this particular patient, there is lack of medical necessity for lumbar fusion, as there is no evidence of segmental instability greater than 4.5 mm, evidence of psychiatric clearance or severe stenosis from the exam note of 7/14/15 to warrant fusion. Therefore, the request is not medically necessary.

#### **Pre-Operative CBC with Diff: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

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

**Pre-Operative CMP:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

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

**Pre-Operative PT/PTT:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

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

**Pre-Operative UA:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

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

**Pre-Operative UA with Reflex:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

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

**Pre-Operative Sed Rate:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

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

**Pre-Operative Blood Type and RH Antibody Screen:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

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

**Pre-Operative MRSA:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

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

**Pre-Operative 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 cite any medical evidence for its decision.

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

**Pre-Operative EKG:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

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

**Associated surgical service: Assistant Surgeon:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**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 cite any medical evidence for its decision.

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