

Case Number:	CM15-0168903		
Date Assigned:	10/01/2015	Date of Injury:	02/04/2011
Decision Date:	11/13/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	08/27/2015

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 65-year-old female who sustained an industrial injury on 2/4/11. Injury was reported relative to an assault by a combative psychiatric patient. She underwent L1-L3 lumbar laminotomy and L2/3 foraminotomy, decompression of the cauda equina, and excision of an epidural mass on 10/8/13. Past medical history was positive for pulmonary emboli in 1979 with no recurrence, hypertension, minimal tobacco use, and gout. The 7/23/15 treating physician report cited grade 7-9/10 fairly constant low back pain radiating into the right lower extremity to the plantar aspect of the foot. She reported significant functional difficulty. Physical exam documented moderate to marked loss of lumbar range of motion, decreased heel and toe gait on the right, tenderness on the right and midline at L3-S1, positive straight leg raise, decreased right L5 dermatomal sensation, and absent lower extremity deep tendon reflexes bilaterally. Lower extremity strength was within normal limits. The treating physician indicated that the patient required extensive decompression of the L3/4 level down to the pedicle of L4 and the L5/S1 level required bilateral subarticular decompression and significant facetectomies. There was left neuroforaminal impingement on the exiting nerve root at L5/S1 which required decompression. The foramen were adequate at the other levels up to L2 where the supra articular facets were abutting the L2 roots bilaterally requiring bilateral foraminotomies and bilateral facetectomies. At L3/4, there was a spondylolisthesis that was mobile on flexion and extension films and required fusion and decompression. The injured worker lived alone. After 5 to 6 days of hospitalization, she was likely going to have to transfer to a skilled nursing facility for rehabilitation depending on her mobility for one to two weeks. Additional home health services would be required when she returned home. She was fitted for a brace which she would need for the first 10-12 weeks after surgery. The diagnosis included lumbar spinal stenosis, unstable

spondylolisthesis, and failed lumbar surgery. The treatment plan recommended posterior segmental fixation at L3, L4, and L5, central decompression at L3/4, subarticular decompression at L2/3, L3/4, and L5/S1, and foraminal decompression at L2/3, L3/4, and L5/S1. Authorization was also requested for associated surgical services including inpatient hospitalization of 5-6 days, 20 outpatient physical therapy visits, and a custom-fitted brace for 10-12 weeks. The 8/17/15 utilization review certified the request for lumbar decompression and fusion surgery. The request for inpatient hospital stay of 5-6 days was modified to 3 days consistent with the Official Disability Guidelines. The request for 20 outpatient physical therapy visits was modified to 17 visits consistent with the Post-Surgical Treatment Guidelines for initial post-operative treatment. The request for a custom fitted brace for 10-12 weeks was modified to a standard brace for 10-12 weeks consistent with the Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: 1 hospitalization of 5-6 days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) Hospital Length of Stay (2015).

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 & 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 8/17/15 utilization review modified this request for 5-6 day inpatient hospital stay to 3 days. There is no compelling reason to support the medical necessity beyond guideline recommendations and the 3 day hospital stay previously certified. Therefore, this request is not medically necessary.

Associated surgical service: 20 outpatient physical therapy visits: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Low Back.

Decision rationale: The California Post-Surgical Treatment Guidelines for surgical treatment of lumbar fusion suggest a general course of 34 post-operative physical medicine visits over 26 weeks, during the 6-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 17 visits. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. The 8/17/15 utilization review modified this request for 20 outpatient physical therapy visits to 17 days. The injured worker

will likely undergo inpatient rehabilitation in addition to this outpatient therapy. There is no compelling reason submitted to support the medical necessity of care beyond guideline recommendations and the care already certified. Therefore, this request is not medically necessary at this time.

Associated surgical service: Custom fitted brace for 10-12 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) Post operative bracing (2015).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Lumbar & Thoracic: Lumbar supports.

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 (fusion) back braces are under study and cite conflicting information. Guidelines recommend a case-by-case review and indicate a standard brace would be preferred over a custom post-op brace. The 8/17/15 utilization review modified this request for a custom fitted brace to a standard brace. There is no compelling rationale presented to support the medical necessity of a custom brace over a standard brace for this injured worker. Therefore, this request is not medically necessary.