

Case Number:	CM15-0169235		
Date Assigned:	09/14/2015	Date of Injury:	02/10/2014
Decision Date:	11/06/2015	UR Denial Date:	08/19/2015
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: 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 is a 39 year old male, who sustained an industrial injury on 2-10-14. The injured worker was diagnosed as having displacement of lumbar intervertebral disc without myelopathy; spinal stenosis of lumbar region; thoracic or lumbosacral neuritis or radiculitis unspecified; lumbar facet dysfunction; lumbar disc protrusion' right elbow pain; medial and lateral epicondylitis and extensor tendon tear. Treatment to date has included physical therapy; urine drug testing; Lumbar epidural steroid injections (ESI) (11-13-14); Lumbar facet medial branch block bilateral L3, L4 and L5 (1-22-15); medications. Diagnostics studies included MRI lumbar spine (2-27-14). Currently, the PR-2 notes dated 6-29-15 indicated the injured worker was seen on this day for a re-examination. The injured worker report his pain is worse for the last few days and he is unsure of why. The provider documents his pain level is 4-5 out of 10 with medications and usually about 8 out of 10 without medications. He notes the medications are helping. On physical examination, the provider documents straight leg raising test was noted to be positive in bilateral legs. Facet loading is positive as well as Spurling's test producing axial pain. Sensation was decreased to light touch in bilateral lower extremities. His strength testing is documented with weakness in the bilateral lower extremities with dorsiflexion. He has tenderness to palpation noted over the scapular border, lumbar paraspinal muscles, right elbow and medial and lateral epicondyles. The PR-2 note dated 11-12-14 indicated the injured worker was to have a lumbar epidural steroid injections (ESI) on 11-13-14. This was completed and reported of no benefit. A Lumbar facet medial branch block bilateral L3, L4 and L5 levels was completed on 1-22-15. The follow-up note PR-2 dated 2-9-15 indicated the injured worker was

not able to "tell if the received any pain relief or the injections were successful. He is unable to differentiate between pain relief or any new pain. He reports that the medications are helping." The PR-2 notes dated 3-9-15 documents the injured worker continues to report neck, low back and elbow pain. He reports his pain is worse in the morning and is a sharp pain. He feels like his leg is going to give out on him and he is going to fall. He also reports some increase in depression with current pain levels at 6 out of 10 having taken his pain medications on this morning. Pr-2 note dated 4-6-15 documents his pain level at 6 out of 10 with Norco. The provider documents the injured worker is unable to tolerate Gabapentin, Elavil and Cymbalta as the all made him feel "kind of weird and twitchy". All of the notes mentioned document the MRI lumbar spine findings dated 2-27-14. A Request for Authorization is dated 8-26-15. A Utilization Review letter is dated 8-19-15 and non-certification was for a Lumbar L3-L4 and L4-L5 laminectomy, facetectomy and transforaminal lumbar interbody fusion, supplemented by pedicle screws, with intra-operative neurophysiology testing & somatosensory monitoring; Pre-op medical clearance with internist; Post-Op physical therapy, x24; length of stay (LOS)- Inpatient stay, x2days; Post-Op Percocet, 30 day supply (unknown strength, frequency ,and quantity); Pre-Op Fat Stain; Pre-Op Labs (not specified) and Pre-Op EKG. Utilization Review letter explained "The clinical documentation submitted for review indicated the patient has nerve root compression on MRI, and these findings were corroborated with physical examination findings. However, there is no documentation noting the patient failed conservative treatment to include activity modification, non-steroidal anti-inflammatory drugs (NSAIDS), muscle relaxants, or epidural steroid injections. There was also no psycho social screen provided. Consequently, the request is no supported." The provider is requesting authorization of Lumbar L3-L4 and L4-L5 laminectomy, facetectomy and transforaminal lumbar interbody fusion, supplemented by pedicle screws, with intra-operative neurophysiology testing & somatosensory monitoring; Pre-op medical clearance with internist; Post-Op physical therapy, x24; length of stay (LOS)- Inpatient stay, x2days; Post-Op Percocet, 30 day supply (unknown strength, frequency ,and quantity); Pre-Op Fat Stain; Pre-Op Labs (not specified) and Pre-Op EKG.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar L3-L4 and L4-L5 laminectomy, facetectomy and transforaminal lumbar interbody fusion, supplemented by pedicle screws, with intra-operative neurophysiology testing & somatosensory monitoring: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines.

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, spinal fusion.

Decision rationale: The ACOEM Guidelines Chapter 12 Low Back Complaints page 307 state that lumbar fusion, "Except for cases of trauma-related spinal fracture or dislocation, fusion of the spine 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 ODG, Low back, 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, ODG states, 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, severe stenosis or psychiatric clearance from the exam note of 4/6/15 to warrant fusion. Therefore the determination is not medically necessary.

Pre-op medical clearance with internist: 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).

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.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Post-Op physical therapy, x24: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Associated Service: LOS- Inpatient stay, x2 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).

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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Post-Op Percocet, 30 day supply (unknown strength, frequency ,and quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Pre-Op Fat Stain: 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).

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.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Pre-Op Labs (not specified): 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).

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.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Pre-Op EKG: 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).

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.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.