

Case Number:	CM15-0170334		
Date Assigned:	09/04/2015	Date of Injury:	03/08/1995
Decision Date:	10/08/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	08/28/2015

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 3/08/95. The mechanism of injury was not documented. Past surgical history was positive for L2 to L5 fusion. The 3/6/15 lumbar spine MRI impression documented a broad-based central/left paracentral disc bulge at T10/11 with partial effacement of the left lateral recess and mild central canal stenosis. At L1/2, there were post-operative changes at the disc space with loss in disc height and irregular contour of the endplates and artifact. There was an apparent broad-based central disc herniation measuring 5 mm. There was moderate narrowing of the caudal margin of the bilateral neural foramen and moderate central canal stenosis. At L2/3, there were post-operative changes with ridging osteophytes that impressed the anterior spinal canal by 2 mm. At L3/4, there were post-operative changes with prominent ridging osteophytes with mild to moderate narrowing of the caudal margin of the bilateral neural foramen and there was bilateral facet arthropathy. At L4/5, there were post-operative changes at the disc space with bilateral facet arthropathy. The 7/8/15 treating physician report persistent and worsening low back pain with cracking, popping, and radicular symptoms down the legs. She had difficulty standing and working. Physical exam documented lumbar tenderness, restricted and painful range of motion, and no motor, sensory or reflex deficits. Recent x-rays demonstrated solid fusion from L2 to L5 with progressive worsening and intervertebral collapse with grade 1 spondylolisthesis at L1/2. The injured worker had failed physical therapy, epidural steroid injection, activity modification, medications, and trigger point injections. Authorization was requested for direct lateral discectomy at L1/2 with interbody fusion and extension of the fusion to the L1/2 level from the previously fusion L2-L5

levels. Authorization was also requested for LSO (lumbosacral orthosis) brace, type not specified, and pre-operative labs (not specified). The 8/17/15 utilization review certified the L1/2 direct lateral fusion and L1-L4 revision/extension fusion instrumentation with 3-day inpatient stay, assistant surgeon, pre-operative history and physical, EKG, chest x-ray, and MRSA screen, and intraoperative neurophysiologic monitoring. The 8/18/15 utilization review modified a non-specific request for pre-op labs to including complete blood count and coagulation studies. The request for a post-operative LSO brace was non-certified as not supported by the Official Disability Guidelines for post-operative use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Op DME Purchase: LSO brace-type unspecified: Overturned

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, Back Brace, post operative (fusion).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM). Occupational Medical Practice Guidelines 2nd Edition. Chapter 12 Low Back Disorders. (Revised 2007) page(s) 138-139.

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 revised ACOEM Low Back Disorder guidelines do not recommend the use of lumbar supports for prevention or treatment of lower back pain. However, guidelines state that lumbar supports may be useful for specific treatment of spondylolisthesis, documented instability, or post-operative treatment. The use of a lumbar support in the post-operative period for pain control is reasonable and supported by guidelines. Therefore, this request is medically necessary.

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), Low Back, Preoperative lab testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. *Anesthesiology* 2012 Mar; 116 (3): 522-38.

Decision rationale: The California MTUS guidelines do not provide recommendations for this service. Evidence based medical guidelines indicate that most laboratory tests are not necessary for routine procedures unless a specific indication is present. Indications for such testing should be documented and based on medical records, patient interview, physical examination, and

type and invasiveness of the planned procedure. Guideline criteria have not been met. A generic request for non-specific pre-operative lab work is under consideration. The 8/18/15 utilization review modified this non-specific request to include complete blood count and coagulation studies. There is no compelling rationale presented to support additional, and non-specified, pre-op lab testing. Therefore, this request is not medically necessary.