

<b>Case Number:</b>	CM15-0178774		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	07/20/2011
<b>Decision Date:</b>	10/22/2015	<b>UR Denial Date:</b>	08/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2015

### 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 42-year-old female who sustained an industrial injury on 7/20/11. Injury was reported relative to continuous trauma as a police officer. Past medical history was positive for hypothyroidism. She underwent right sacroiliac (SI) joint fusion on 6/11/14. The 4/16/15 lumbar discogram documented concordant pain at L4/5 and L5/S1. The 4/16/15 lumbar spine CT scan impression documented diffuse fissuring of the L4/5 and L5/S1 discs, broad-based disc protrusion at L5/S1 with mild bilateral foraminal stenosis, and post-operative changes of the right SI joint. Conservative treatment included chiropractic, physical therapy, acupuncture, medications, and injections. The 8/11/15 treating physician report cited chronic lower back pain. Conservative treatment had included sacroiliac joint injections, epidural injections, facet injections, and rhizotomies. Physical exam documented normal lower extremity strength, reflexes, ability to heel and toe walk, stable gait, and full lumbar range of motion. Flexion and extension aggravated pain. The diagnosis was lumbar degenerative disease and status post right SI joint fusion. The treatment plan recommended 2-level artificial disc replacement at L4/5 and L5/S1. Authorization was requested on 8/12/15 for lumbar artificial disc replacement at L4/5, anterior lumbar interbody fusion L5/S1, 2-3 nights stay, post-operative medications, pre-operative medical clearance, post-operative physical therapy x 24 visits, and bone stimulator for 6 to 8 months post-op to help promote fusion in multilevel fusion surgeries. The 8/19/15 utilization review certified a request for L4/5 artificial disc replacement and L5/S1 anterior lumbar interbody fusion with assistant surgeon, vascular surgeon, 2-3 day inpatient stay, and post-operative medications. The request for pre-operative medical clearance with a specialist was non-certified as there was no documentation of comorbidity and the patient was not

over 60 years of age. The request for 24 visits of post-operative physical therapy was modified to 18 sessions consistent with the Post-Surgical Treatment Guidelines. The request for bone growth stimulator was non-certified as there did not appear to be any risk factors. Records indicated that the injured worker underwent anterior lumbar interbody fusion at L5/S1 and total disc replacement at L4/5 on 9/3/15.

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

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

#### **Pre-operative medical clearance with a specialist: Upheld**

**Claims Administrator guideline:** The Claims Administrator 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, pages 92-93.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2010 Jun. 40 p.

**Decision rationale:** The California MTUS guidelines do not provide recommendations for pre-operative medical clearance. Evidence based medical guidelines indicate that a basic pre-operative assessment is required for all patients undergoing diagnostic or therapeutic procedures. Middle-aged females have known occult increased medical/cardiac risk factors. Guideline criteria have been met for a standard pre-operative medical clearance based on patient age and the risks of undergoing anesthesia. However, there is no documentation of any significant co-morbidities. There is no compelling rationale presented to support the medical necessity of pre-operative clearance with a specialist. Therefore, this request is not medically necessary.

#### **24 post-operative sessions of physical therapy: 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 lumbar artificial disc replacement suggest a general course of 18 post-operative physical medicine visits over 4 months, during the 6-month post-surgical treatment period. Guidelines also support up to 34 visits over 16 weeks during the 6-month post-surgical treatment period for lumbar fusion. 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

8/19/15 utilization review modified the request for 24 sessions of post-op physical therapy to 18 sessions. 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.

**Associated surgical service: Bone stimulator unit:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Bone growth stimulators.

**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 Bone growth stimulators (BGS).

**Decision rationale:** The California MTUS guidelines are silent regarding bone growth stimulators. The Official Disability Guidelines indicate that bone growth stimulators are under study and may be considered medically necessary as an adjunct to lumbar spinal fusion surgery for patients with any of the following risk factors for failed fusion: 1) One or more previous failed spinal fusion(s); (2) Grade III or worse spondylolisthesis; (3) Fusion to be performed at more than one level; (4) Current smoking habit; (5) Diabetes, Renal disease, Alcoholism; or (6) Significant osteoporosis which has been demonstrated on radiographs. Guideline criteria have not been met. This injured worker was certified for a hybrid artificial disc replacement and fusion procedure with fusion limited to the L5/S1 level. There is no documentation of previous failed fusion, spondylolisthesis, smoking, or significant co-morbidities that would place this injured worker at risk for failed fusion. Therefore, this request is not medically necessary.