

Case Number:	CM15-0045551		
Date Assigned:	03/17/2015	Date of Injury:	10/23/1996
Decision Date:	05/13/2015	UR Denial Date:	03/08/2015
Priority:	Standard	Application Received:	03/10/2015

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: Texas
 Certification(s)/Specialty: 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 50-year-old male with a reported injury on 10/23/1996. The mechanism of injury was not provided. His diagnoses were noted to include: (1) biomechanical low back pain with axial instability; (2) radiculopathy bilaterally with neurologic deficit; (3) failure of conservative management; (4) lumbar spasticity with myofascial pain; and (5) degenerative lumbar disc at L4-5 and L5-S1. No pertinent surgical history was provided. His medications were noted to include analgesic topical creams, hydrocodone, morphine, naproxen, and Zanaflex. His diagnostic studies have included an MRI of the lumbar spine on 02/21/2014, which reported: (1) areas of abnormal signal intensity in the vertebral body endplates adjacent to the L2-3, T12-L1, and L5-S1 disc spaces along the inferior endplate of T11 and superior endplate of L, possibly representing changes of spondyloarthropathy; (2) degenerative changes resulting in mild to moderate canal and bilateral foraminal stenosis at L2-3 and L3-4; (3) there is mild canal and moderate bilateral foraminal stenosis at L5-S1; (4) there is mild canal and mild to moderate bilateral foraminal stenosis at L4-5; (5) there is mild canal and bilateral foraminal stenosis at L1-2; and (6) there is no instability noted on the flexion and extension sagittal images. His other therapies have included activity modification, medications, acupuncture, and epidural steroid injections. The injured worker was evaluated by neurosurgery on 02/06/2015 for complaints of low back pain and bilateral leg pain. The injured worker reported that his pain was incapacitating to a point where he sometimes would have to crawl to the restroom due to severe pain. The injured worker also complained of some weakness and numbness into both legs intermittently. His medical history was negative for diabetes, heart disease, or high blood

pressure. Physical examination revealed paraspinous muscle tenderness and spasm. Range of motion with forward flexion was 0 degrees and extension was 10% of normal. There was severe pain with forward bending. Straight leg raise was positive on the left. Ankle reflex was absent on the left with decreased sensation over the dorsum of the foot and the anterior shin was somewhat patchy but present. There was some break away weakness with the anterior tibialis and extensor hallucis longus on the left at 4/5. The clinician indicated that the injured worker's axial instability was severe. The clinician recommended a lumbar fusion at L4-5 and L5-S1 with pedicle screws, ALIF, decompression, and transverse process fusion. Risks, benefits, and alternatives to surgery were discussed. A Request for Authorization for vascular surgery, assistant surgeon, and internist for surgical clearance was submitted on 03/04/2015. No rationale for this request was provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective: 1 Vascular Surgery (02/06/2015 - 05/03/2015): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Rodgers, W. B., Gerber, E. J., & Patterson, J. (2011). Intraoperative and early postoperative complications in extreme lateral interbody fusion: an analysis of 600 cases. *Spine*, 36(1), 26-32.

Decision rationale: The request for prospective: 1 vascular surgery (02/06/2015 through 05/03/2015) is not medically necessary. The injured worker continued to complain of pain. Peer reviewed literature indicates that vascular injuries are extremely rare in lumbar fusion procedures. No rationale for this request was provided. As such, the request is not supported. Therefore, the request for 1 vascular surgery (02/06/2015 through 05/03/2015) is not medically necessary.

Prospective: 1 Assistant Surgeon (02/06/2015 - 05/03/2015): Upheld

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

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 (Acute & Chronic), Surgical assistant.

Decision rationale: The request for 1 assistant surgeon (02/06/2015 through 05/03/2015) is not medically necessary. The associated surgical intervention was found to be not medically necessary. The Official Disability Guidelines do recommend a surgical assistant as an option in more complex surgeries and the CPT codes 22558, 22585, 22851, and 22845 are CPT codes for which a surgical assistant would be supported. As the provided documentation indicated that the

associated surgical intervention was not supported, the request for a surgical assistant is not supported. Therefore, the request for prospective 1 assistant surgeon (02/06/2015 through 05/03/2015) is not medically necessary.

Prospective: 1 Internist Clearance (02/06/2015 - 05/03/2015): Upheld

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

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 (Acute & Chronic), Preoperative testing, general.

Decision rationale: The request for 1 internist clearance (02/06/2015 through 05/03/2015) is not medically necessary. The associated surgical procedure was not found to be medically necessary. The Official Disability Guidelines do recommend a history and physical examination with selective testing based on the clinician's findings and were the associated surgical procedure to be approved, then preoperative surgical clearance would be supported. As the associated surgical procedure was found to be not medically necessary, the requested clearance is not supported. Therefore, the request for 1 internist clearance (02/06/2015 through 05/03/2015) is not medically necessary.