

Case Number:	CM13-0001820		
Date Assigned:	12/27/2013	Date of Injury:	04/18/2001
Decision Date:	03/11/2014	UR Denial Date:	07/02/2013
Priority:	Standard	Application Received:	07/17/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in TX, NE and NM. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 is a 58-year old female who sustained injury to her lower back on 04/18/2001 while she was bending over to pick up some object. She reported pain in her lower back with radiation to her legs associated with numbness and pins/needles sensation. She has been following up with [REDACTED] for her lower back pain. She has been treated with conservative care including physical therapy, medications, and lumbar ESI and facet injections. A lumbar MRI on 09/22/2011 showed, "L4-5 intervertebral disc space narrowing with large extrusion compressing severe nerve roots. L5-S1 new tiny left lateral recess protrusion, mildly deforming left S1 root." On exam by [REDACTED] on 07/20/2012 showed lumbar flexion 60 degrees, unable to extend to neutral position, difficulty heel walking and unsteady, and 5/5 strength in all muscle groups of both lower extremities. Bilateral patellar reflexes were trace and absent Achilles reflex. SLR was negative bilaterally but there was reproduction of lower back pain with passive extension of each leg to 90 degrees. [REDACTED] recommended lumbar discectomy on the right and at L5-S1 on the left. Several followup visits by [REDACTED] indicates that she will need surgery as recommended by [REDACTED]. A lumbar MRI dated 05/25/2013 showed, "There is right paracentral 4 mm disc protrusion at L5-S1 which contacts the transiting right S1 nerve root. There is right foraminal superior disc extrusion at L1-2 which superiorly displaces the exiting right L2 nerve root. There is moderate right neural foraminal stenosis at L4-5. There are severe disc disease and endplate degenerative changes at L4-5." She was followed up after the lumbar MRI on 06/25/2013 by [REDACTED] who recommended anterior lumbar interbody fusion at L4-5 with spacer, allograft and plating following by posterior lumbar fusion L4-5 with interspinous fixation with L5-S1 discectomy on the left. There is a previous adverse determination done by [REDACTED] who stated that there is no documentation of a condition/diagnosis for which fusion is indicated, e.g. instability or decompression. The current request is for anterior lumbar

interbody fusion at L4-5 with spacer, allograft and plating followed by posterior lumbar fusion at L4-5 with interspinous fixation, 1 day inpatient stay, pre-op lumbar CT scan, pre-op clearance, TLSO brace, and bone growth stimulator. –

IMR ISSUES, DECISIONS AND RATIONALES

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

anterior lumbar interbody fusion at L4-5 with spacer, allograft and plating followed by posterior lumbar fusion at L4-5 with interspinous fixation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Lumbar Fusion

Decision rationale: There is no evidence of instability, previous decompression, or trauma in this case that would warrant spinal fusion. There are no randomized controlled clinical trials demonstrating effectiveness or advantage of this modality over nonoperative treatment. The ODG states that, until further research is conducted there remains insufficient evidence to recommend fusion for chronic low back pain in the absence of stenosis and spondylolisthesis, and this treatment for this condition remains under study. It appears that workers' compensation populations require particular scrutiny when being considered for fusion for chronic low back pain, as there is evidence of poorer outcomes in subgroups of patients who were receiving compensation or involved in litigation (Fritzell-Spine 2001) (Harris-JAMA, 2005)(Maghout-Juratli, 2006)(ODG, Low Back Chapter). Additionally, while there are MRI findings for L5-S1 disc herniation with right S1 nerve root compression, there does not appear to be corresponding clinical evidence (nerve root distribution of diminished sensation or loss of strength)to support the need for surgery. The patient has only low back pain with radiation onto both legs.

1 day inpatient stay: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. 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 Chapter, Lumbar fusion Inpatient Hospital.

Decision rationale: As Lumbar fusion does not appear warranted in this case, an inpatient stay based on this treatment/service is also not warranted.

pre-operative lumbar CT scan: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Further imaging is also not warranted preoperatively as lumbar fusion itself does not appear warranted.

pre-operative clearance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. 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 Cardiac Clearance

Decision rationale: Per ACC/AHA, the patient does not fulfill criteria for preoperative medical clearance as there is no documentation of unstable coronary syndrome, heart failure, arrhythmia, or valvular disease.

TLSO brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: Lumbar fusion is not warranted, and therefore, TLSO bracing in conjunction with this modality is also not indicated. Lumbar supports and bracing have not been shown to provide any long lasting pain relief beyond the acute symptomatic phase.

bone growth stimulator: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. 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 Chapter.

Decision rationale: Bone growth stimulators have been indicated in certain high risk situations (revision, pseudoarthrosis, instability, smoker). This patient does not appear to meet any of these criteria, and there is no convincing evidence to support or refute that this modality improves patient outcomes.

