MAXIMUS Federal Services

| Case Number: | CM13-0019187 | | |
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| Date Assigned: | 03/03/2014 | Date of Injury: | 04/12/2004 |
| Decision Date: | 04/14/2014 | UR Denial Date: | 08/26/2013 |
| Priority: | Standard | Application Received: | 09/03/2013 |

## 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. The expert reviewer is Board Certified in Orthopaedic Surgery and is licensed to practice in California. 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/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 49-year-old male sustained industrial injury on 4/12/04 relative to his employment with [redacted]. Records indicate the patient is status post left L5/S1 microdiscectomy on 7/25/04 and revision PLIF L4/5 on 3/23/11 with persistent post-operative low back and lower extremity pain, numbness and tingling. Epidural steroid injections were documented on 7/25/12 and 2/1/13 with short-term improvement in his right lower extremity pain. The 7/30/13 treating physician report cited continued progressive low back and right lower extremity pain. He was unable to stand for any amount of time without his back brace. He was continuing to work full duty with accommodation. Exam documented stable gait, forward flexed posture, lower lumbar tenderness, positive right straight leg raise, lumbar range of motion very painful, and subtle right dorsiflexor weakness. X-rays with flexion/extension views showed progressive left foraminal collapse at L3/4 with advanced disc space collapse. The left L4 pedicle screw looked like it had broken through the pedicle and extended into the disc space when compared to initial post-operative films. The 8/15/13 MRI impression documented marked disc deterioration with edematous Modic type I endplate change at L3/4. There was moderate central canal stenosis with severe left and moderate right foraminal narrowing. Prior laminectomy was noted at L4/5 with pedicle screws and posterior rods and partial interbody fusion. Severe foraminal narrowing was noted at L5/S1 from a combination of foraminal disc and facet spur. The 8/16/13 treating physician report cited significant lumbar and radiating leg pain that was progressively interfering with work ability. The treating physician documented review of the MRI and stated that the patient required revision surgery. He had some element of collapsing lumbar scoliosis. There was transition syndrome at L3/4 and stenosis. The right pedicle screw at L4 had migrated into the L3/4 disc space due to coronal subluxation. There was clear foraminal stenosis and a loss of disc height at L5/S1 with early flat back. He recommended definitive reconstruction including an anterior

lumbar interbody fusion at L5/S1 with extension of his fusion up to L2 (above the apex of his scoliosis), decompression of L3/4 and instrumentation at L2 through S1. The 8/30/13 appeal letter stated that the patient had a symptomatic transition syndrome at L3/4 and erosion of the right L4 pedicle screw into the L3/4 disc space.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**ANTERIOR INTERBODY FUSION L5-S1 POSTERIOR SPINAL FUSION L2-S1, RE-ENTRY LAMINECTOMY L3-4, REMOVAL OF L4/5 PEDICLE SCREW, POSSIBLE ILLAC CREST BONE GRAFT:** 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, FUSION (SPINAL)

**Decision rationale:** Under consideration is a request for anterior interbody fusion L5/S1, posterior spinal fusion L2-S1, re-entry laminectomy L3/4, removal of L4/5 pedicle screw, and possible iliac crest bone graft. The California MTUS does not provide recommendations for surgery in chronic back injuries. The Official Disability Guidelines support revision surgery for failed previous operation(s) if significant functional gains are anticipated. Indications for spinal fusion would include mechanical back pain with functional spinal unit failure/instability including one or two level segmental failure with progressive degenerative changes, loss of height and disc loading capability. The patient is status post L5/S1 microdiscectomy and revision PLIF at L4/5. There is reported symptomatic transition syndrome at L3/4 with radiograph evidence that the L4 pedicle screw has migrated into the L3/4 disc space due to coronal subluxation. There is reported severe foraminal stenosis at L5/S1 with early flat back and an element of collapsing lumbar scoliosis, along with adjacent segment disease. A detailed neurologic exam (including sensory, motor and reflex findings) and electrical studies are not evident or provided. The recent MRI shows an apparent incomplete fusion at L4-5, associated with plausible collapse and hardware altered position. There is no evident L2-3 pathology. There is a plausible L4-5 pseudarthrosis with work-up applicable. Therefore, this request for anterior interbody fusion L5/S1, posterior spinal fusion L2-S1, re-entry laminectomy L3/4, removal of L4/5 pedicle screw, and possible iliac crest bone graft is not medically necessary, at this time.

**INPATIENT STAY X3 DAYS:** 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, HOSPITAL LENGTH OF STAY (LOS)

**Decision rationale:** Under consideration is a request for inpatient stay for 3 days following anterior interbody fusion L5/S1, posterior spinal fusion L2-S1, re-entry laminectomy L3/4, removal of L4/5 pedicle screw, and possible iliac crest bone graft. The procedure is not medically necessary and therefore this request for inpatient stay is not either, at this time.

**MEDICAL CLEARANCE (LABS BMP, CBC, CMP, PTT, PT INR, CXR, EKG NARES MRSA):** 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, PREOPERATIVE TESTING, GENERAL

**Decision rationale:** Under consideration is a request for medical clearance (LABS: BMP, CBC, CMP, PTT, PT, INR; CXR, EKG, and nares MRSA). The procedure is not medically necessary and therefore this request for lab tests is not either, at this time.

**ASSISTANT SURGEON:** 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 OTHER MEDICAL TREATMENT GUIDELINE OF MEDICAL EVIDENCE: CENTERS FOR MEDICARE AND MEDICAID SERVICES, PHYSICIAN FEE SCHEDULE

**Decision rationale:** Under consideration is a request for assistant surgeon. The procedure is not medically necessary and therefore this request for assistant surgeon is not either, at this time.