

Case Number:	CM13-0019409		
Date Assigned:	02/03/2014	Date of Injury:	10/04/2004
Decision Date:	07/02/2014	UR Denial Date:	08/21/2013
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 Orthopedic Surgery, has a subspecialty in Spine Fellowship 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 is a 65-year-old female patient with a 10/4/04 date of injury. 1/27/14 progress report indicates persistent low back pain radiating to the left buttock and posterior lateral thigh. The patient has difficulty walking more than two blocks and cannot stand more than 5 minutes without sitting down. She is unable to lift more than 10 pounds. The patient underwent previous posterior L5-S1 laminectomy and fusion in 2006. The surgery was somewhat disappointing and led her to require chronic pain management. There is numbness of the anterior medial aspect of the left foot and medial aspect of the ankle. Physical exam demonstrates forward lumbar list, decreased sensation in the right L4 dermatome. Plain films demonstrate solid posterior fusion and instrumentation at L5-S1 with narrowing of the L3-4 and L4-5 intervertebral disk space. 1/9/14 lumbar MRI demonstrates severe central spinal stenosis at L3-4 and L4-5 with posterior element hypertrophy and ventral bulging of the disks, both at the L3-4 and L4-5 spinal segments. The patient is diagnosed with neurogenic claudication. Discussion identifies that the patient has already had a fusion at L5-S1, and a decompression should be combined with a fusion. There is documentation of a previous 8/21/13 adverse determination for lack of fusion indications as spinal stenosis alone is not an indication for lumbar fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

ANTERIOR LUMBAR L4-5 INTERBODY FUSION POSTERIOR L5-S1 REMOVAL SEGMENTATION FIXATION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Decompression, Fusion Other Medical Treatment Guideline or Medical Evidence: AMA Guides (Radiculopathy, Instability).

Decision rationale: CA MTUS states that surgical intervention is recommended for patients who have severe and disabling lower leg symptoms in the distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise; activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms; clear clinical, imaging, and electro-physiologic evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair; and failure of conservative treatment. In addition, CA MTUS states that there is no good evidence from controlled trials that spinal fusion alone is effective for treating any type of acute low back problem, in the absence of spinal fracture, dislocation, or spondylolisthesis if there is instability and motion in the segment operated on. The patient presents with neurogenic claudication attributed to the L3-4 and L4-5 levels. Lumbar MRI demonstrates severe central spinal stenosis at L3-4 and L4-5 with posterior element hypertrophy and ventral bulging of the disks, both at the L3-4 and L4-5 spinal segments. The patient is diagnosed with neurogenic claudication. Discussion identifies that the patient has already had a fusion at L5-S1, and a decompression should be combined with a fusion. However, the patient has not undergone a psychological clearance for the proposed fusion procedure. In addition, the proposed fusion level, as submitted in this request, does not include the L3-4 level, which, per imaging reports, exhibits a similar pathology as the L4-5 level. More recent medical reports indicate that decompression is requested at L3-4 and L4-5. Therefore, the request as submitted was not medically necessary.

L4-5 LAMINECTOMY AND PARTIAL FACETECTOMY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Decompression, Fusion Other Medical Treatment Guideline or Medical Evidence: AMA Guides (Radiculopathy).

Decision rationale: CA MTUS states that surgical intervention is recommended for patients who have severe and disabling lower leg symptoms in the distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise; activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms; clear clinical, imaging, and electro-physiologic evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair; and failure of conservative treatment. The patient presents with neurogenic claudication attributed to the L3-4 and L4-5 levels. Lumbar MRI demonstrates severe central spinal stenosis at L3-4 and

L4-5 with posterior element hypertrophy and ventral bulging of the disks, both at the L3-4 and L4-5 spinal segments. The patient is diagnosed with neurogenic claudication. Discussion identifies that the patient has already had a fusion at L5-S1, and a decompression should be combined with a fusion. However, the patient has not undergone a psychological clearance for the proposed fusion procedure. In addition, the proposed fusion level, as submitted in this request, does not include the L3-4 level, which, per imaging reports, exhibits a similar pathology as the L4-5 level. More recent medical reports indicate that decompression is requested at L3-4 and L4-5. Therefore, the request as submitted was not medically necessary.

INPATIENT STAY FOR 3 DAYS: Upheld

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

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

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.