

Case Number:	CM13-0022319		
Date Assigned:	01/15/2014	Date of Injury:	12/22/2011
Decision Date:	05/12/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/10/2013

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:

The patient is a 51 year old male who was injured on 10/22/2011 when he slipped and fell. He reported low back and leg pain. Prior treatment history has included Norco, physical therapy which did not improve symptoms, and massage. The patient underwent a left L2 lumbar transforaminal epidural steroid injection, left L3 lumbar transforaminal epidural steroid injection, and left L4 lumbar transforaminal epidural steroid injection dated 04/02/2013. He underwent a partial laminectomy L3; Total laminectomy L3; partial total laminectomy L3; Partial laminectomy L4; posterolateral fusion L2-L3; transforaminal lumbar interbody fusion, left L2-L3 using an 10 mm Armada PEEK cage with local bone graft; Reduction of spondylolisthesis L2-L3; and Posterolateral fusion L2-L3 on 11/05/2013. Diagnostic studies reviewed include myelogram of the lumbar spine dated 06/20/2013 revealed relative block to the flow of contrast due to severe spinal stenosis at L2-3; Grade I spondylolisthesis noted as well. There was a central left paracentral epidural defect at L3-4 with effacement of the ventral thecal sac and partial effacement of the thecal sac on the left. CT of the lumbar spine post myelogram dated 06/20/2013 demonstrated severe spinal stenosis, facet arthropathy and Grade I spondylolisthesis at L2-3. MRI of the lumbar spine without contrast dated 09/11/2013 demonstrated decreasing but persistent stress edema in the left L3 and L2 pedicle as well as around the left facet joint. There was decreasing but persistent small right posterior paraspinal synovial cyst at L3/L4; and stable other findings as detailed above. X-ray of the spine dated 11/05/2013 revealed posterior pedicle screws with intramedullary rod fixation noted at L3-4 with interdisc spacer present; Laminectomy defect was also present. There was no acute hardware complication noted. Preoperative H&P dated 11/04/2013 documented the patient to have complaints of low back, bilateral lower extremity pain. The patient claudicates at short distances and he could not walk any significant distance without having to lean forward to sit. The patient stated leaning on a

grocery cart is helpful. He stated little else improved him symptomatically. Objective findings on exam revealed he had decreased lumbar lordosis. The pelvis was level. He was able to heel walk and toe walk. On palpation, there was no tenderness. His range of motion revealed flexion palms to the floor, extension is full, but painful. Neurologic examination revealed motor strength was 5/5 in bilateral lower extremities. His sensory exam was grossly intact in bilateral lower extremities. Deep tendon reflexes were absent at the knees and ankles. Straight leg raise was negative bilaterally. His hips were full active range of motion and his knees were full range of motion. The patient was diagnosed with severe stenosis at L2-L3, L3-L4, with a degenerative slip at L2-L3, refractory to conservative measures. Operative and non-operative options were discussed. He was going to undergo a decompression from L2-L3 and L3-L4 with a TLIF at L2-L3.

IMR ISSUES, DECISIONS AND RATIONALES

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

L2-3, L3-4 decompression/fusion: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back.

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

Decision rationale: CA MTUS ACOEM - "Except for cases of trauma-related spinal fracture or dislocation, fusion of the spine is not usually considered during the first three months of symptoms. Patients with increased spinal instability (not work-related) after surgical decompression at the level of degenerative spondylolisthesis may be candidates for fusion. There is no scientific evidence about the long-term effectiveness of any form of surgical decompression or fusion for degenerative lumbar spondylosis compared with natural history, placebo, or conservative treatment." The medical records show that the injured worker underwent lumbar surgery with fusion at the L2-3 level. The medical records pertaining to the patient's current complaints and objective findings since the patient underwent lumbar surgery have not been provided. According to the guidelines, spinal fusion in the absence of fracture, dislocation, unstable spondylolisthesis, tumor or infections, is not supported. The medical records do not establish any of these conditions exist. In addition, the medical records do not establish exhaustion of recent attempts of noninvasive conservative measures, which would include medication management, physical methods with palliative adjunctive therapies, and activity modification. In which case, less invasive conservative interventions would be an appropriate treatment option. Based on these factors, the patient is not a candidate for lumbar spine fusion. The medical necessity of L2-3, L3-4 decompression/fusion has not been established.