

Case Number:	CM13-0033701		
Date Assigned:	12/06/2013	Date of Injury:	08/28/2007
Decision Date:	02/03/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/10/2013

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 New Hampshire, New York, and Washington. 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.

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 59-year-old female who sustained a work-related injury to multiple body parts on August 28, 2007. The patient complains of back pain and bilateral leg numbness. There is no documentation of recent conservative measures to include physical therapy. An MRI was done on September 4, 2013 in an open MRI scanner. The results indicated that the lumbar spine showed L4-5 spondylolisthesis of 5mm. There was mild thecal sac narrowing, and at L3-4, there was a one (1) mm posterior disc bulge. No abnormalities are documented the L5-S1 level. She has been diagnosed with spondylolisthesis at L4-5 with spinal stenosis. The patient describes difficulty walking. She describes burning sensation in her back with numbness in the legs and the L4-5 distribution. The patient walks with a cane. She is taking Tylenol for pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar laminectomy at L4-L5 and possibly L5-S1 per DWC form dated 9/19/2013 QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 305-307.
Decision based on Non-MTUS Citation ODG Low Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307-309.

Decision rationale: The MTUS/ACOEM Guidelines indicate that spinal stenosis usually results from soft tissue and bony encroachment of the spinal canal and nerve roots. It has a gradual onset

and usually manifests as a degenerative process after age 50. Evidence does not currently support a relationship with work. The surgical treatment for spinal stenosis is usually complete laminectomy. The patient does not re-establish criteria for lumbar decompressive surgery. Specifically there is no significant spinal stenosis documented on the patient's most recent MRI. Also the patient does not have a significant documentation of radiculopathy on physical examination.

Removal of spinal lamina at L4-L5 and possibly L5-S1 per DWC form dated 9/19/2013
QTY: 1.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307-309. Decision based on Non-MTUS Citation the Official Disability Guidelines (ODG), Low Back Chapter

Decision rationale: The MTUS/ACOEM Guidelines indicate that spinal stenosis usually results from soft tissue and bony encroachment of the spinal canal and nerve roots. It has a gradual onset and usually manifests as a degenerative process after age 50. Evidence does not currently support a relationship with work. The surgical treatment for spinal stenosis is usually complete laminectomy. The guidelines also indicate that 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. This patient does not meet criteria for lumbar decompressive surgery. Specifically there is no spinal stenosis documented on the lumbar MRI, and there is no corresponding neurologic deficit documented on physical examination.

Lumbar arthrodesis at L4-L5 per DWC: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307.

Decision rationale: The MTUS/ACOEM Guidelines indicate, "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." This patient does not re-establish criteria for lumbar spinal fusion surgery. While there is established L4-5 spondylolisthesis, there is no documented evidence of lumbar instability or abnormal motion at any segment. The records do not include evidence of abnormal motion with flexion-extension radiographs. In addition the patient does

not have any other red flag indicators for spinal fusion to include fracture, tumor, or progressive neurologic deficit.

Lumbar arthrodesis possibly at L5-S1 per DWC form dated 9/19/2013 QTY: 1.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 10 Elbow Disorders (Revised 2007) Page(s): 307.

Decision rationale: The MTUS/ACOEM Guidelines indicate, "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." This patient does not re-establish criteria for lumbar spinal fusion surgery. There is no documented evidence of lumbar instability or abnormal motion at any segment. The records do not include evidence of abnormal motion with flexion-extension radiographs. In addition the patient does not have any other red flag indicators for spinal fusion to include fracture, tumor, or progressive neuro deficit.

Posterior segmental instrumentation per DWC: 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.

Allograft for spine surgery per DWC form dated 9/19/2013 QTY: 1.00: 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.

Surgical assistant per DWC form dated 9/19/2013 QTY: 1.00: 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.

Preoperative Medical Clearance per DWC form dated 9/19/2013 QTY: 1.00: 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.