

Case Number:	CM13-0035248		
Date Assigned:	12/13/2013	Date of Injury:	10/21/2011
Decision Date:	06/02/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/17/2013

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, 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 50 year old male who was injured on October 21, 2011 while lifting boxes of turkey and placed them onto a cart over the head, at which time two boxes of turkey fell down and the patient twisted to the right and felt pain in the neck. The patient underwent a decompressive laminectomy with partial facetectomies and foraminotomies bilaterally at L5-S1, L4-5, and L3-4, followed by posterior instrumented fusion at L3-4, L4-5 and L5--S1 on January 14, 2013. On comprehensive neurosurgical consultation dated August 7, 2013, it is noted that a CT myelogram of the lumbar spine was done postoperatively which shows a three level severe degenerative disc disease and disc desiccation and collapsing osteophyte formation at L3-L4, L4-L5 and L5-S1 with severe canal stenosis and neural compression at L3-L4 and L4-L5 with moderate to severe facet arthropathy at L3-L4, L4-L5 and L5-S1 facet joints. He has severe stenosis, worse at L3-L4 and L4-L5 with severe compression of the small canal and neural elements. He has axial back pain as well as lower extremity neurogenic claudication and radiculopathy. On physical examination, his motor strength is grossly symmetric at 5/5 in bilateral upper and lower extremities and sensory exam is decreased along the L3, L4, L5 and S1 dermatomes bilaterally. Straight leg raise test is positive bilaterally at 20 degrees; deep tendon reflexes are hypoactive in both lower extremities. Diagnoses are severe lumbar spondylosis and stenosis from L3 to S1 with degenerative disc disease with intractable severe axial back pain and lower extremity radiculopathy and neurogenic claudication. Given the fact that he has an excruciating pain and cannot walk at work, he wants to proceed with operative option. It is noted that continuation of physical therapy or an epidural steroid injection will not help this situation, since he has severe canal stenosis and severe degenerative disc disease. A request for authorization is made for removal of prior interspinous implant, as well as L3 to S1 laminectomy and two-level interbody fusion with cage placement at L3-L4 and L4-L5 and fixation from L3-

S1. Once this is authorized, he will receive a general medical and cardiac clearance and proceed with the operation.

IMR ISSUES, DECISIONS AND RATIONALES

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

INTERBODY FUSION L3-L4, L4-L5 AND L5-S1: 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): 307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)Low Back, Spinal Fusion.

Decision rationale: The medical records do not document a recent examination including current presenting complaints and objective findings. The physical examination on August 7, 2013 demonstrated normal motor strength, symmetrical reflexes, and symmetrical sensation bilaterally. In addition, there is lacking any detailed treatment history and updated diagnostics demonstrating a surgical lesion. According to the guidelines, spinal fusion in the absence of fracture, dislocation, unstable spondylolisthesis, tumor or infections, is not supported. There is no evidence of failure of the present fusion and instrumentation. The medical records do not establish any of these conditions exist in the case of this patient. The request for interbody fusion L3-L4, L4-L5, and L5-S1 is not medically necessary or appropriate.

LAMINECTOMY AND FUSION WITH INSTRUMENTATION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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: The medical records do not document a recent examination including current presenting complaints and objective findings. The physical examination on August 7, 2013 demonstrated normal motor strength, symmetrical reflexes, and symmetrical sensation bilaterally. In addition, there is lacking any detailed treatment history and updated diagnostics demonstrating a surgical lesion. According to the guidelines, spinal fusion in the absence of fracture, dislocation, unstable spondylolisthesis, tumor or infections, is not supported. There is no evidence of failure of the present fusion and instrumentation. The medical records do not establish any of these conditions exist in the case of this patient. The request for a laminectomy and fusion with instrumentation is not medically necessary or appropriate.

GENERAL CARDIAC AND STRESS CLEARANCE: 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 or appropriate.

REMOVAL OF PRIOR L3-S1 INTERSPINOUS DEVICES, TRANSFORAMINAL LUMBAR: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Hardware Implant Removal.

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: The medical records do not establish the proposed revision multilevel fusion with instrumentation surgery is appropriate and medically necessary. Consequently, the request for removal of prior interspinous devices is not medically warranted. The request for the removal of prior L3-S1 interspinous devices, transforaminal lumbar, is not medically necessary or appropriate.