MAXIMUS Federal Services

Case Number:	CM13-0047321		
Date Assigned:	12/27/2013	Date of Injury:	11/01/2007
Decision Date:	02/25/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/01/2013

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, has a subspecialty in Fellowship trained in Spine Surgery and is licensed to practice in Texas, Montana and Tennessee. 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. 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 68-year-old male who reported an injury on 11/01/2007. The mechanism of injury was not provided for review. The patient underwent an MRI in 11/2012 that revealed a grade I anterolisthesis of the L4 on L5 with a disc bulge in combination with severe facet arthropathy and severe ligamentum flavum thickening, and severe spinal canal stenosis at this level. The patient underwent an additional MRI in 11/2013 that revealed no significant interval change. Prior treatments have included physical therapy, epidural steroid injections, and medications. The patient's most recent clinical examination findings included decreased lumbar range of motion secondary to pain, 5/5 motor strength in all groups bilaterally, with normal and equal and bilateral reflexes and a negative straight leg raising test. It is noted that the patient had decreased sensation on the right lateral thigh in the L5 distribution. The patient's diagnoses included grade I spondylolisthesis, lumbar stenosis, low back pain, and degenerative lumbar intervertebral disc disease. The patient's treatment plan included an L4-5 laminectomy with lumbar interbody fusion at the L4-5 and posterior spinal fusion at the L4-5 with instrumentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Microsurgical techs, requiring the use of operating microscope for L4-5 Laminectomy, interbody fusion QTY: 1.00: Overturned

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.

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

Decision rationale: [redacted] states, "There is no good evidence of 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 clinical documentation submitted for review does provide evidence that the patient has a grade I spondylolisthesis. However, the most recent imaging study did not reveal a significant change in the patient's condition when compared to an imaging study 1 year prior. The clinical documentation submitted for review does indicate that the patient has had a positive response to conservative treatments. The clinical documentation does not clearly identify why continuation of conservative treatment would not benefit this patient. Additionally, although lumbar stenosis is noted in the imaging study, the patient's objective clinical examination findings do not support radiculopathy. As the patient does not have any specific radiculopathy findings, there has not been a significant change in the patient's imaging studies to support severe instability, and the patient has previously had a positive response to conservative treatments, surgical intervention would not be appropriate at this time. As such, the requested microsurgical techs, requiring the use of operating microscope for L4-5 Laminectomy, interbody fusion, quantity 1.00 is not medically necessary or appropriate.

Insert spine fixation device for L4-L5 Laminectomy, interbody fusion with instrumentation QTY 1.00: 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.

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

Decision rationale: The [redacted] states, "There is no good evidence of 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 clinical documentation submitted for review does provide evidence that the patient has a grade I spondylolisthesis. However, the most recent imaging study did not reveal a significant change in the patient's condition when compared to an imaging study 1 year prior. The clinical documentation submitted for review does indicate that the patient has had a positive response to conservative treatments. The clinical documentation does not clearly identify why continuation of conservative treatment would not benefit this patient. Additionally, although lumbar stenosis is noted in the imaging study, the patient's objective clinical examination findings do not support radiculopathy. As the patient does not have any specific radiculopathy findings, there has not been a significant change in the patient's imaging studies to support severe instability, and the

patient has previously had a positive response to conservative treatments, surgical intervention would not be appropriate at this time. As such, the requested insert spine fixation device for L4-L5 Laminectomy, interbody fusion with instrumentation, quantity 1.00 is not medically necessary or appropriate.

Arthrodesis posterior/posterolateral tech. Single Level lumbar L4-L5 interbody fusion QTY 1.00: 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.

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

Decision rationale: The [redacted] states, "There is no good evidence of 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 clinical documentation submitted for review does provide evidence that the patient has a grade I spondylolisthesis. However, the most recent imaging study did not reveal a significant change in the patient's condition when compared to an imaging study 1 year prior. The clinical documentation submitted for review does indicate that the patient has had a positive response to conservative treatments. The clinical documentation does not clearly identify why continuation of conservative treatment would not benefit this patient. Additionally, although lumbar stenosis is noted in the imaging study, the patient's objective clinical examination findings do not support radiculopathy. As the patient does not have any specific radiculopathy findings, there has not been a significant change in the patient's imaging studies to support severe instability, and the patient has previously had a positive response to conservative treatments, surgical intervention would not be appropriate at this time. As such, the requested arthrodesis posterior/posterolateral tech. single Level lumbar L4-L5 interbody fusion, quantity 1.00 is not medically necessary or appropriate.

Transpedicular approach with decompression of spinal cord each additional segment lumbar L5 QTY 1.00: 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.

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

Decision rationale: The [redacted] states, "There is no good evidence of 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 clinical documentation submitted for review does provide evidence that the patient has a grade I

spondylolisthesis. However, the most recent imaging study did not reveal a significant change in the patient's condition when compared to an imaging study 1 year prior. The clinical documentation submitted for review does indicate that the patient has had a positive response to conservative treatments. The clinical documentation does not clearly identify why continuation of conservative treatment would not benefit this patient. Additionally, although lumbar stenosis is noted in the imaging study, the patient's objective clinical examination findings do not support radiculopathy. As the patient does not have any specific radiculopathy findings, there has not been a significant change in the patient's imaging studies to support severe instability, and the patient has previously had a positive response to conservative treatments, surgical intervention would not be appropriate at this time. As such, the requested transpedicular approach with decompression of spinal cord each additional segment lumbar L5, quantity1.00 is not medically necessary or appropriate.

Transpedicular approach with decompression of spinal cord each additional segment lumbar L4 QTY 1.00: 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.

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

Decision rationale: The [redacted] states, "There is no good evidence of 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 clinical documentation submitted for review does provide evidence that the patient has a grade I spondylolisthesis. However, the most recent imaging study did not reveal a significant change in the patient's condition when compared to an imaging study 1 year prior. The clinical documentation submitted for review does indicate that the patient has had a positive response to conservative treatments. The clinical documentation does not clearly identify why continuation of conservative treatment would not benefit this patient. Additionally, although lumbar stenosis is noted in the imaging study, the patient's objective clinical examination findings do not support radiculopathy. As the patient does not have any specific radiculopathy findings, there has not been a significant change in the patient's imaging studies to support severe instability, and the patient has previously had a positive response to conservative treatments, surgical intervention would not be appropriate at this time. As such, the requested transpedicular approach with decompression of spinal cord each additional segment lumbar L4, quantity1.00 is not medically necessary or appropriate.

L4-L5 Laminectomy single vertebral segment QTY:1.00: 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.

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

Decision rationale: The [redacted] states, "There is no good evidence of 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 clinical documentation submitted for review does provide evidence that the patient has a grade I spondylolisthesis. However, the most recent imaging study did not reveal a significant change in the patient's condition when compared to an imaging study 1 year prior. The clinical documentation submitted for review does indicate that the patient has had a positive response to conservative treatments. The clinical documentation does not clearly identify why continuation of conservative treatment would not benefit this patient. Additionally, although lumbar stenosis is noted in the imaging study, the patient's objective clinical examination findings do not support radiculopathy. As the patient does not have any specific radiculopathy findings, there has not been a significant change in the patient's imaging studies to support severe instability, and the patient has previously had a positive response to conservative treatments, surgical intervention would not be appropriate at this time. As such, the requested L4-L5 Laminectomy single vertebral segment, quantity 1.00 is not medically necessary or appropriate.

Removal of spinal lamina (add on) QTY 1.00: 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.

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

Decision rationale: The [redacted] states, "There is no good evidence of 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 clinical documentation submitted for review does provide evidence that the patient has a grade I spondylolisthesis. However, the most recent imaging study did not reveal a significant change in the patient's condition when compared to an imaging study 1 year prior. The clinical documentation submitted for review does indicate that the patient has had a positive response to conservative treatments. The clinical documentation does not clearly identify why continuation of conservative treatment would not benefit this patient. Additionally, although lumbar stenosis is noted in the imaging study, the patient's objective clinical examination findings do not support radiculopathy. As the patient does not have any specific radiculopathy findings, there has not been a significant change in the patient's imaging studies to support severe instability, and the patient has previously had a positive response to conservative treatments, surgical intervention would not be appropriate at this time. As such, the requested removal of spinal lamina (add on), quantity 1.00 is not medically necessary or appropriate.

Neuroplasty, major peripheral nerve QTY: 1.00: 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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 307.

Decision rationale: The [redacted] states, "There is no good evidence of 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 clinical documentation submitted for review does provide evidence that the patient has a grade I spondylolisthesis. However, the most recent imaging study did not reveal a significant change in the patient's condition when compared to an imaging study 1 year prior. The clinical documentation submitted for review does indicate that the patient has had a positive response to conservative treatments. The clinical documentation does not clearly identify why continuation of conservative treatment would not benefit this patient. Additionally, although lumbar stenosis is noted in the imaging study, the patient's objective clinical examination findings do not support radiculopathy. As the patient does not have any specific radiculopathy findings, there has not been a significant change in the patient's imaging studies to support severe instability, and the patient has previously had a positive response to conservative treatments, surgical intervention would not be appropriate at this time. As such, the requested neuroplasty, major peripheral nerve, quantity 1.00 is not medically necessary or appropriate.

Autograft for spine surgery only obtained from same incision QTY: 1.00: 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.

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

Decision rationale: The [redacted] states, "There is no good evidence of 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 clinical documentation submitted for review does provide evidence that the patient has a grade I spondylolisthesis. However, the most recent imaging study did not reveal a significant change in the patient's condition when compared to an imaging study 1 year prior. The clinical documentation submitted for review does indicate that the patient has had a positive response to conservative treatments. The clinical documentation does not clearly identify why continuation of conservative treatment would not benefit this patient. Additionally, although lumbar stenosis is noted in the imaging study, the patient's objective clinical examination findings do not support radiculopathy. As the patient does not have any specific radiculopathy findings, there has not been a significant change in the patient's imaging studies to support severe instability, and the patient has previously had a positive response to conservative treatments, surgical intervention

would not be appropriate at this time. As such, the requested autograft for spine surgery only obtained from same incision, quantity 1.00 is not medically necessary or appropriate.

Application of intervertabral biomechanical device to vertebral defect to interspace QTY: 1.00: 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.

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

Decision rationale: The [redacted] states, "There is no good evidence of 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 clinical documentation submitted for review does provide evidence that the patient has a grade I spondylolisthesis. However, the most recent imaging study did not reveal a significant change in the patient's condition when compared to an imaging study 1 year prior. The clinical documentation submitted for review does indicate that the patient has had a positive response to conservative treatments. The clinical documentation does not clearly identify why continuation of conservative treatment would not benefit this patient. Additionally, although lumbar stenosis is noted in the imaging study, the patient's objective clinical examination findings do not support radiculopathy. As the patient does not have any specific radiculopathy findings, there has not been a significant change in the patient's imaging studies to support severe instability, and the patient has previously had a positive response to conservative treatments, surgical intervention would not be appropriate at this time. As such, the requested application of intervertebral biomechanical device to vertebral defect to interspace, quantity 1.00 is not medically necessary or appropriate.

Vertrbral corpectomy transperitoneal approach with decompression of spinal cord, lumbar single seg QTY: 1.00: 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.

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

Decision rationale: The [redacted] states, "There is no good evidence of 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 clinical documentation submitted for review does provide evidence that the patient has a grade I spondylolisthesis. However, the most recent imaging study did not reveal a significant change in the patient's condition when compared to an imaging study 1 year prior. The clinical

documentation submitted for review does indicate that the patient has had a positive response to conservative treatments. The clinical documentation does not clearly identify why continuation of conservative treatment would not benefit this patient. Additionally, although lumbar stenosis is noted in the imaging study, the patient's objective clinical examination findings do not support radiculopathy. As the patient does not have any specific radiculopathy findings, there has not been a significant change in the patient's imaging studies to support severe instability, and the patient has previously had a positive response to conservative treatments, surgical intervention would not be appropriate at this time. As such, the requested for vertebral corpectomy transperitoneal approach with decompression of spinal cord, lumbar single seg, quantity 1.00 is not medically necessary or appropriate.

Removal vertebral body (add on) QTY: 1.00: 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.

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

Decision rationale: Removal vertebral body (add on) QTY: 1.00

Arthrodesis, anterior interbody technique including minimal discectomy to prepare interspace QTY:1.00: 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.

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

Decision rationale: The [redacted] states, "There is no good evidence of 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 clinical documentation submitted for review does provide evidence that the patient has a grade I spondylolisthesis. However, the most recent imaging study did not reveal a significant change in the patient's condition when compared to an imaging study 1 year prior. The clinical documentation submitted for review does indicate that the patient has had a positive response to conservative treatments. The clinical documentation does not clearly identify why continuation of conservative treatment would not benefit this patient. Additionally, although lumbar stenosis is noted in the imaging study, the patient's objective clinical examination findings do not support radiculopathy. As the patient does not have any specific radiculopathy findings, there has not been a significant change in the patient's imaging studies to support severe instability, and the patient has previously had a positive response to conservative treatments, surgical intervention would not be appropriate at this time. As such, the requested arthrodesis, anterior interbody

technique including minimal discectomy to prepare interspace, quantity 1.00 is not medically necessary or appropriate.

Fluroscopic guidance for needle placement QTY:1.00: 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.

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

Decision rationale: The [redacted] states, "There is no good evidence of 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 clinical documentation submitted for review does provide evidence that the patient has a grade I spondylolisthesis. However, the most recent imaging study did not reveal a significant change in the patient's condition when compared to an imaging study 1 year prior. The clinical documentation submitted for review does indicate that the patient has had a positive response to conservative treatments. The clinical documentation does not clearly identify why continuation of conservative treatment would not benefit this patient. Additionally, although lumbar stenosis is noted in the imaging study, the patient's objective clinical examination findings do not support radiculopathy. As the patient does not have any specific radiculopathy findings, there has not been a significant change in the patient's imaging studies to support severe instability, and the patient has previously had a positive response to conservative treatments, surgical intervention would not be appropriate at this time. As such, the requested fluoroscopic guidance for needle placement, quantity 1.00 is not medically necessary or appropriate.

2-3 Day Inpatient Stay for requested L4-L5 Laminectomy interbody Fusion with instrumentation QTY: 3.00: 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.

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

Decision rationale: The [redacted] states, "There is no good evidence of 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 clinical documentation submitted for review does provide evidence that the patient has a grade I spondylolisthesis. However, the most recent imaging study did not reveal a significant change in the patient's condition when compared to an imaging study 1 year prior. The clinical documentation submitted for review does indicate that the patient has had a positive response to conservative treatments. The clinical documentation does not clearly identify why continuation

of conservative treatment would not benefit this patient. Additionally, although lumbar stenosis is noted in the imaging study, the patient's objective clinical examination findings do not support radiculopathy. As the patient does not have any specific radiculopathy findings, there has not been a significant change in the patient's imaging studies to support severe instability, and the patient has previously had a positive response to conservative treatments, surgical intervention would not be appropriate at this time. Official Disability Guidelines recommend a 3 day inpatient stay for the requested surgery; however, as surgical intervention is not supported at this time, an inpatient hospital stay would also not be indicated. As such, the requested 2 to 3 day inpatient stay for requested L4-5 laminectomy interbody fusion with instrumentation, quantity 3 is not medically necessary or appropriate.