

Case Number:	CM13-0047984		
Date Assigned:	12/27/2013	Date of Injury:	02/08/2010
Decision Date:	05/22/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/04/2013

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 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 claimant is a 51 year old injured who was in a work related accident on February 8, 2010 secondary to cumulative trauma. The claimant injured her cervical and lumbar spine. The claimant is noted to be status post prior L5-S1 lumbar fusion with recent clinical assessment of September 18, 2013 indicating ongoing complaints of neck pain radiating to the bilateral shoulder and low back pain radiating to the bilateral left greater than right lower extremity. The physical examination findings showed restricted cervical range of motion at endpoints with tenderness noted over the spinous process at C3 through C7. There was noted to be weakness with finger abduction bilaterally at 4/5 and a trace left triceps reflex compared to +1 on the right. The sensory deficit over the left C6- C7 dermatomal distribution was noted. The claimant's lumbar assessment indicated a well healed previous incision with +3 spasms, tenderness from L4 through S1 with restricted range of motion, positive straight leg raising and weakness at 4/5 to the EHL bilaterally. The sensory examination showed left L5 dermatomal changes to light touch and pin prick. Reviewed was a CT scan of the lumbar spine September 18, 2013 that showed L5-S1 fusion with an ongoing PARS defect but well healed osseous process. The previous imaging to the cervical spine was from 2010 demonstrating multilevel disc bulging from C3-4 through C6-7 with bilateral neuroforaminal narrowing and encroachment. The claimant was diagnosed with multilevel cervical disc protrusions and continued low back complaints despite previous fusion procedure. Based on failed conservative care two operative processes were recommended for the claimant.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBOSACRAL FACECTOMY, LAMINECTOMY, AND DECOMPRESSION WITH PEDICLE SCREWS AT L5-S1 BILATERALLY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): RI Special Project-Close Case.

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

Decision rationale: According to the MTUS/ACOEM Guidelines, Low Back Chapter, "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. 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. It is important to note that although it is being undertaken, lumbar fusion in patients with other types of low back pain very seldom cures the patient. A recent study has shown that only 29% assessed themselves as "much better" in the surgical group versus 14% "much better" in the nonfusion group (a 15% greater chance of being "much better") versus a 17% complication rate (including 9% life-threatening or reoperation). Based on the medical records provided for review the claimant is noted to be with prior fusion process at the above mentioned level with clinical imaging demonstrating no indication of osseous abnormality consistent with pseudarthrosis. Given the claimant's current clinical presentation and imaging the supportive need for a revision fusion procedure is not supported. The request for lumbosacral facectomy, laminectomy, and decompression with pedicle screws at L5-S1 bilaterally is not medically necessary and appropriate.

ANTERIOR CERVICAL DISCECTOMY AND FUSION (ACDF) AT C4-5, C5-6, AND C6-7 LEVELS WITH PEEK PLATE AND POSSIBLE DISC REPLACEMENT AT C4-5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180. Decision based on Non-MTUS Citation Official Disability Guidelines ODG- Neck And Upper Back, page 180.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165, 180, Chronic Pain Treatment Guidelines.

Decision rationale: According to the MTUS/ACOEM Guidelines Chapter 7 and supported by Official Disability Guidelines criteria the role of a three level anterior cervical discectomy and fusion with disc replacement procedure is not indicated. California MTUS states on surgical referral, "Clear clinical, imaging, and electrophysiologic evidence, consistently indicating the

same lesion that has been shown to benefit from surgical repair in both the short- and long-term." These procedures have not been supported by the guideline criteria. The acute need in the setting of multilevel degenerative changes and stenosis are not supported. There is no current clinical documentation to support the need of a multilevel fusion procedure given the claimant's current physical examination findings and imaging that is well dated from 2010. The request for Anterior Cervical Discectomy and Fusion (ACDF) at C4-5, C5-6, and C6-7 levels with Peek Plate and Possible Disc Replacement at C4-5 are not medically necessary and appropriate.

"Associated surgical service"- PRE-OP MEDICAL 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.

"Associated surgical service"- POST-OP PHYSICAL THERAPY - TWO (2) TIMES A WEEK FOR SIX (6) WEEKS: 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.

"Associated surgical service"- INPATIENT HOSPITAL STAY - TWO (2) TO THREE (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.