

Case Number:	CM13-0054787		
Date Assigned:	12/30/2013	Date of Injury:	01/22/2013
Decision Date:	03/26/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/20/2013

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 Spine Surgery, and is licensed to practice in Texas. 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 43-year-old male who reported an injury on 01/22/2013. The mechanism of injury was not provided. The patient had an MRI of the lumbar spine without contrast on 02/11/2013, which revealed disc and bony degenerative changes, most prominently involving the L4-5 and L5-S1 levels with bilateral facet disease, and grade 1 spondylolisthesis at L5-S1 level where bilateral foraminal stenosis was present without significant central stenosis. Compared to the previous study dated 10/17/2003, there was minimal worsening of slippage at that level. The patient had a CT of the lumbar spine on 09/07/2013, which revealed spondylolysis and spondylolisthesis at L5-S1 with narrowing of the bilateral neural foramina, and degenerative and postsurgical changes. The patient had a prior lumbar surgery approximately 10 years prior to the examination date of 10/15/2013. The patient had complaints of low back pain going to the left greater than right buttocks, into the left greater than right posterior/lateral thigh, and posterior/lateral calf into the left foot greater than right, with associated numbness and tingling. The patient was noted to have tried medications, physical therapy which was tried with limited help, and epidural steroid injections, which were tried with limited help. The patient had decreased motor strength at the quads of 4+, and at the EHL of 4+ on the left. The light touch in the dermatomal areas of the lower extremities was intact and symmetrical bilaterally. X-rays of the L4-5 revealed grade 2 spondylolisthesis and an L4 pars defect, with the appearance of L5 sacralization and some evidence of bony fusion mass. The patient's diagnoses were noted to be L4-5 grade 2 spondylolisthesis, L4 pars defect, post laminectomy, stenosis, non-union. The treatment plan was noted to be L4-5 anterior lumbar interbody fusion, L4-5 revision laminectomy, posterior fusion, instrumentation, allograft bone, instrumentation, bone morphogenic protein (BMP), 3 to 5 day inpatient stay, preoperative medical clearance, and anesthesia visit prior to surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-5 anterior lumbar interbody fusion: 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 rationale: The ACOEM Guidelines indicate that surgery is only considered when serious spinal pathology or nerve root dysfunction is not responsive to conservative treatment and obviously due to a herniated disc. Fusions are indicated for patients with increased spinal instability, not work related after surgical decompression at the level of degenerative spondylolisthesis. The clinical documentation submitted for review indicated the employee had an MRI with findings of grade 1 spondylolisthesis at L5-S1, with bilateral foraminal stenosis without significant central stenosis. The employee had a CT scan, which revealed spondylolysis and spondylolisthesis at L5-S1, with narrowing of the bilateral neural foramina and degenerative and postsurgical changes. The employee's physical examination revealed sensation was intact, and motor strength was noted to be decreased at the EHL and the quads. There was a lack of documentation indicating the employee had objective findings at the level of L4 through L5. The MRI failed to indicate the employee had findings at L4-5. Given the above, the request for L4-5 anterior lumbar interbody fusion is not medically necessary.

L4-5 revision laminectomy, posterior fusion, 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 rationale: The ACOEM Guidelines indicate that surgery is only considered when serious spinal pathology or nerve root dysfunction is not responsive to conservative treatment and obviously due to a herniated disc. Fusions are indicated for patients with increased spinal instability, not work related after surgical decompression at the level of degenerative spondylolisthesis. The clinical documentation submitted for review indicated the employee had an MRI with findings of grade 1 spondylolisthesis at L5-S1, with bilateral foraminal stenosis without significant central stenosis. The employee had a CT scan, which revealed spondylolysis and spondylolisthesis at L5-S1, with narrowing of the bilateral neural foramina and degenerative and postsurgical changes. The employee's physical examination revealed sensation was intact, and motor strength was noted to be decreased at the EHL and the quads. There was a lack of documentation indicating the employee had objective findings at the level of L4 through L5. The MRI failed to indicate the employee had findings at L4-5. The findings

indicated the employee had foraminal stenosis without significant central stenosis, which would not support a laminectomy. Given the above, the decision for L4-5 revision laminectomy, posterior fusion, instrumentation is not medically necessary.

Allograft bone instrumentation: 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 requested procedure is not medically necessary, none of the associated services are medically necessary.

3-5 day inpatient stay: 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 requested procedure is not medically necessary, none of the associated services are medically necessary.

Pre-operative 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 requested procedure is not medically necessary, none of the associated services are medically necessary.

Bone morphogenic protein - off label: 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 requested procedure is not medically necessary, none of the associated services are medically necessary.

Anesthesia visit prior to surgery: 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 requested procedure is not medically necessary, none of the associated services are medically necessary.