

Case Number:	CM14-0008996		
Date Assigned:	02/12/2014	Date of Injury:	08/22/2011
Decision Date:	06/27/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	01/21/2014

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, has a subspecialty in Spine 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:

Patient is a 47-year-old male who has submitted a claim for lumbar degenerative disc disease with radiculopathy, and internal disc disruption at the L3 to L4 and L4 to L5, possibly at L5 to S1 associated with an industrial injury date of August 22, 2011. Medical records from 2013 to 2014 were reviewed. Patient complained of persistent back pain radiating to both legs, right worse than left. This resulted to difficulty in walking, and sleeping. Patient denies the use of tobacco. Physical examination showed a hunched forward posture. Tenderness was present from L3 to L5 segments. Lumbar range of motion was restricted. Motor strength of bilateral anterior tibialis and extensor hallucis longus was 4+/5. Straight leg sign at 30 degrees was positive on the right. Crossed straight leg raise was positive on the left at 45 degrees. MRI of the lumbar spine, dated the March 18, 2013, revealed stable mild degenerative disc disease at L3 to L4 with a broad-based disc bulge resulting in foramina stenoses without nerve root impingement; at L4 to L5, a 4 to 5-mm central and left paracentral disk protrusion in a prior study, dated 10/3/11, improved to 2-mm disc bulge without effacement. EMG/NCV of the lower extremities, dated March 7, 2012, revealed mild active denervation in the right L5 innervated muscles without signs of a myopathic process; mild acute L5 radiculopathy on the right. Presurgical psychological screening, dated 10/17/13, summarizes the patient's course of treatment since his work related injury. The patient underwent epidural steroid injections back in 09/2013 with absolutely no benefit with no relief of pain for the patient. The patient reports pain on average at an 8/10. Subsequent to this interview, the patient was documented to not present with any significant psychological risk factors and would be determined to be cleared and a good candidate for the recommended procedure by his primary treating physician. Treatment to date has included use of a corset, physical therapy, lumbar epidural steroid injections, and medications. Utilization review from January 16, 2014 denied the request for L3 to L4, L4 to L5 anterior/posterior lumbar

fusion with instrumentation with ICBG spinal cord monitoring because the provider's documentation of the patient's imaging did not correlate with the official report. The official result of the MRI revealed no evidence of nerve root involvement. Other requests such as vascular surgeon, surgical assistant, three-day inpatient hospital stay, preoperative clearance including history and physical, pre-op blood work, chest x-ray, ECG, and urinalysis; Aspen back brace were denied because the surgery had been deemed not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

L3-4, L4-5 ANTERIOR/POSTERIOR LUMBAR FUSION WITH INSTRUMENTATION WITH ICBG SPINAL CORD MONITORING: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE PRACTICE GUIDELINES, 2ND EDITION, 2004, CHAPTER 12 (LOW BACK COMPLAINTS),

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Section, Fusion (spinal), and Intraoperative Neurophysiological Monitoring (during surgery) X Other Medical Treatment Guideline or Medical Evidence: AMA Guides (Radiculopathy, Instability)

Decision rationale: CA MTUS states that surgical intervention is recommended for patients who have severe and disabling lower leg symptoms in the distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise; activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms; clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair; and failure of conservative treatment. In addition, CA MTUS states that 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. In this case, patient complained of chronic back pain radiating to both legs, resulting to difficulty in walking, and sleeping. This was corroborated by physical examination findings of restricted motion, weakness, and positive provocative tests. Objective findings were confirmed by radiographic imaging using MRI, dated 03/18/2013, revealing a broad-based disc bulge at L3-L4 resulting in foramina stenoses; at L4 to L5, a 2-mm disc bulge without effacement. EMG/NCV of the lower extremities, dated March 7, 2012, revealed acute L5 radiculopathy on the right. Patient is a non-smoker. He likewise failed conservative management consisting of physical therapy, three lumbar epidural steroid injections, and medications. A psychological consultation was obtained. However, there are no indications for fusion. There is no imaging evidence of dynamic instability, degenerative spondylolisthesis, bilateral pars fractures, or segmental functional spinal unit failure. It is unclear why decompression would be insufficient. Therefore, the request for L3-L4, L4-L5

Anterior/Posterior Lumbar Fusion with instrumentation with ICBG spinal cord monitoring is not medically necessary and appropriate.

VASCULAR SURGEON: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Vascular Complications of Exposure for Anterior Lumbar Interbody Fusion, Journal of Vascular Surgery Volume 51, Issue 4, pages 946-950, April 2010 ([http://www.jvascsurg.org/article/S0741-5214\(09\)02312-X/abstract](http://www.jvascsurg.org/article/S0741-5214(09)02312-X/abstract))

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

SURGICAL ASSISTANT: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation X Other Medical Treatment Guideline or Medical Evidence: American Academy of Orthopaedic Surgeons, Lumbar Surgery Coding (<http://www.aaos.org/news/aaosnow/feb13/managing7.asp>) and Assistant Surgery Guide, CPT codes (<http://www.ic.nc.gov/ncic/pages/asstsurg.htm>)

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

3-DAY INPATIENT HOSPITAL STAY: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Section, Hospital Length of Stay (LOS)

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

PREOPERATIVE CLEARANCE TO INCLUDE HISTORY & PHYSICAL, PRE-OP LAB WORK, CHEST X-RAY, EKG, AND URINALYSIS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation X Official Disability Guidelines (ODG) Low Back Chapter, Preoperative Testing, General; Preoperative Lab Testing; Preoperative Electrocardiogram (ECG)

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

ASPEN BACK BRACE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Back Brace, Post-operative (Fusion)

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.