

Case Number:	CM14-0122489		
Date Assigned:	08/06/2014	Date of Injury:	11/15/2012
Decision Date:	09/11/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/04/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 61-year-old female with a date of injury of 11/15/2012. The listed diagnoses per Dr. [REDACTED] are: 1. Failed L5-S1 microdiscectomy syndrome. 2. Chronic intractable low back pain. 3. Right leg pain. According to the progress report 06/27/2014 by Dr. [REDACTED], the patient presents with constant and daily low back pain. She rates the pain as 8/10 on a pain scale. She has failed to improve with nonoperative treatment consisting of physical therapy, medication, and injections. The patient was seen by a QME specialist, Dr. [REDACTED], who recommended the patient proceed with additional surgery as she has not reached maximal medical improvement. The patient underwent an MRI of the lumbar spine on 06/23/2014 which revealed mild degenerative disk at L3-L4 and L4-L5. However, the disk heights are well maintained. The neuroforamen is within normal limits at L5-S1. She has a collapsed disk height approximately 80%. There is minimal scar formation in the right L5-S1 laminectomy site. She has an osteophyte ridge that is causing mild bilateral foraminal stenosis and facet arthrosis at L5-S1. Physical examination revealed "limited painful lumbar range of motion." Report 05/13/2014 indicates the patient has right leg pain that radiates from the buttocks to the ankle/foot region. Over the past several months, she has developed left leg pain that radiates from the calf to the foot, with chronic low back pain. Examination revealed positive straight leg raise test and diminished sensation over the right foot. Treater states radiographs obtained in the office sequentially from 2008, 2013, and at the time of visit revealed progression and collapse of L5-S1 disk height with retrolisthesis in a vacuum phenomenon. The patient is seeking surgical solution. Treater recommends an anterior lumbar interbody fusion with a PEEK cage and bone morphogenetic protein (BMP) and posteriorly, instrumentation and revision laminectomies at L5-S1. Utilization review denied the request on 07/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior lumbar interbody fusion w/ a peek cage and bone morphogenic protein and posteriorly instrument and revision laminotomies L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (low back chapter).

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) ODG guidelines have the following regarding lumbar fusion for injured workers.

Decision rationale: This patient presents with constant low back pain that radiates into the lower extremity. The treater is requesting an anterior lumbar interbody fusion with a PEEK cage and bone morphogenetic protein (BMP) and posteriorly, instrumentation and revision laminectomies at L5-S1. Utilization review denied the request for surgery stating the patient does have radicular symptoms and findings corresponding with the requested level, but MRI does not provide findings of nerve root compression. ODG has the following regarding Lumbar spinal fusion, "Not recommended for patients who have less than six months of failed recommended conservative care unless there is objectively demonstrated severe structural instability and/or acute or progressive neurologic dysfunction, but recommended as an option for spinal fracture, dislocation, spondylolisthesis or frank neurogenic compromise, subject to the selection criteria outlined." Criteria for lumbar spinal fusion include neural arch defect, segmental instability, mechanical back pain, revision surgery, infection/tumor or deformity, failure of two prior discectomies. Pre-op surgical indications for surgery must include all of the following: identified pain generators, PT and manual therapy are completed, imaging demonstrating disc pathology, spine pathology limited to two levels, psychological screen and no smoking for at least 6 weeks prior to surgery. In this case, the patient has history of laminectomy at L5-S1 but has not had two prior discectomies. There is no evidence of instability/spondylolisthesis and no progressive neurologic dysfunction explained by an abnormal lumbar pathology is identified. The requested bone morphogenetic protein (BMP) is also not supported by the ODG guidelines stating, "There is a lack of clear evidence of improved outcomes with BMP, and there is inadequate evidence of safety and efficacy to support routine use." Therefore, it is not medically necessary.