MAXIMUS Federal Services

Case Number:	CM14-0125905		
Date Assigned:	08/13/2014	Date of Injury:	04/24/1999
Decision Date:	09/11/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	08/08/2014

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 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:

This 48-year-old male property manager sustained an industrial injury on 4/24/99. Injury occurred with helping to move a refrigerator. The patient was status post remote lumbar decompression surgery and subsequent lumbar fusion at L4/5 and L5/S1 approximately 8 years ago. He subsequently developed postlaminectomy syndrome with recurrent back pain. The patient was diagnosed with depression and anxiety with on-going supportive psychotherapy documented. The 9/23/13 treating physician report indicated the patient was awaiting surgical authorization to extend the fusion to L3/4 and was very frustrated with the delay. Physical exam documented decreased lumbar range of motion, positive straight leg raise at 90 degrees sitting, and L3/4 dermatomal pain in the right leg. X-rays showed previous solid fusion at L4 to S1 with hardware in place and adjacent segment disease at L4/5. CT scan findings were reported by the radiologist as completely normal at L3/4 with no significant extradural impingement or central foraminal stenosis. The treating physician stated there was moderate facet arthropathy at L3/4 with intervertebral narrowing creating moderate foraminal and central canal stenosis, which was consistent with MRI. Clearance for surgery was pending approval of a vascular surgeon. The 7/2/14 treating physician report cited severe low back pain radiating down the right leg in an L3/4 dermatomal pattern. The patient also complained of worsening cervical radiculopathy with disc protrusions reported at C4/5, C5/6, and C6/7. Lumbar range of motion was decreased. Straight leg raise was positive at 90 degrees sitting. MRI showed a fusion at L4 to S1 with adjacent segment degenerative disc disease and disc bulge at L3/4. There were some mild degenerative changes above L3/4 but no significant foraminal or central stenosis other than at L3/4. Non-specific urological problems were reported and urologist referral was requested. Authorization of an anterior-posterior extension fusion at L3/4 was requested. The 7/14/14 utilization review denied the request for fusion extension at L3/4 as there was no current

neurologic exam evidence, no progressive worsening neurologic impairment, and no documentation of conservative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior-Posterior extension Lumbar Fusion at L3-4, inpatient stay days not specified: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM - https://www.acoempracguides.org/ Low Back; Table 2, Summary of Recommendations, Low Back Disorders.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 209-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic, Fusion (spinal).

Decision rationale: The ACOEM revised low back guidelines state that lumbar fusion is not recommended as a treatment for patients with radiculopathy from disc herniation or for patients with chronic lower back pain after lumbar discectomy. Lumbar fusion is not recommended as a treatment for spinal stenosis unless concomitant instability or deformity has been proven. The Official Disability Guidelines (ODG) state that spinal fusion is 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. Pre-operative clinical surgical indications require completion of all physical therapy and manual therapy interventions, x-rays demonstrating spinal instability, spine pathology limited to 2 levels, and psychosocial screening with confounding issues addressed. Guideline criteria have not been met. There is no current documentation of acute or progressive neurologic dysfunction, a complete neurologic exam is not provided. There is no radiographic or imaging evidence of segmental instability. There is no detailed documentation that recent comprehensive pharmacologic and non-pharmacologic conservative treatment had been tried and failed. A psychosocial screen update/outcome was not evident. Therefore, this request is not medically necessary and appropriate.