

Case Number:	CM14-0136947		
Date Assigned:	09/03/2014	Date of Injury:	09/01/2006
Decision Date:	12/17/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/25/2014

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 44-year-old male deputy sheriff sustained an industrial injury on 9/1/06. Injury occurred when he lifted a 40-pound equipment bag from the trunk of a vehicle and placed it in another vehicle. He reported the onset of sharp pain in the low back and legs and was subsequently diagnosed with L4/5 and L5/S1 herniated nucleus pulposus. The 6/20/14 initial orthopedic spine report cited worsening lower back pain over the past year. Subjective complaints included low back pain that wrapped around and radiated down the right hip and leg to both ankles and feet, with numbness and tingling in the inner foot. Pain increased with standing more than one hour or sitting more than 15 minutes. He had previously tried physical therapy and chiropractic manipulation ("several years ago"), injections, and lighter workload with only temporary improvement. The patient was working as a detective without restrictions. Medications included Vicodin and Motrin. Physical exam documented height 6'4", weight 270 pounds, normal gait, moderate loss of range of motion, diffuse paraspinal tenderness and hypertonicity, and positive mechanical and nerve tension signs bilaterally. He had 4/5 weakness in the bilateral extensor hallucis longus and iliotibial band. There was slightly decreased sensation at the dorsum and medial side of the right foot. Reflexes were 2+ and symmetrical. X-rays were obtained and showed advanced disc degeneration at L4/5 with loss of disc height and foraminal narrowing, and posterior osteophyte formation resulting in significant loss of foraminal space. Flexion/extension views showed some slight translation. There was evidence of vacuum disc phenomenon and significant facet disease. The diagnosis was lumbalgia with bilateral radiculitis symptoms, worse on the right, and multilevel lumbar degenerative disease and foraminal stenosis. The patient had failed conservative treatment for over 7 years with persistent pain that had worsened over the past year. The treatment plan recommended an L4/5 transforaminal posterior lumbar fusion with laminectomy at L4/5, noting that a nearly complete foraminal

excision would be required for adequate decompression and would result in iatrogenic instability. The 7/24/14 lumbar spine MRI impression documented disc desiccation and decreased disc height. There was a 2-4 mm saddle-like disc bulge at L4/5 with facet and ligamentum flavum hypertrophy resulting in mild central canal narrowing and moderate bilateral foraminal stenosis. The central canal stenosis appeared slightly increased, probably secondary to increased posterior epidural fat. The degree of foraminal stenosis bilaterally had slightly increased. The 7/25/14 treating physician report reviewed the updated MRI and noted advanced disc degeneration and collapse at L4/5 with endplate erosive changes and Modic type 2 changes. There was broad based disc bulging causing moderate to severe bilateral foraminal narrowing. There was development of a 3-4 mm retrolisthesis and fluid in the facet joint, indicative of instability at the L4/5 level. The treating physician opined that it was important and critical that the patient regain normal strength in his back and legs, and be pain free, in order to safely do his job as a police officer. Authorization was requested for L4/5 transforaminal and posterior fusion. The 8/12/14 utilization review denied the lumbar fusion and associated requests as there was no evidence of instability at the L4/5 to warrant this request nor was there evidence of psychological clearance.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-L5 transforaminal and posterior fusion, laminectomy, PEEK space, bone graft and pedicle screw: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG-TWC

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 202-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic, Discectomy/Laminectomy, Fusion (spinal)

Decision rationale: The ACOEM Revised Low Back Disorder guidelines recommend decompression surgery as an effective treatment for patients with symptomatic spinal stenosis (neurogenic claudication) that is intractable to conservative management. Lumbar fusion is not recommended as a treatment for spinal stenosis unless concomitant instability 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. Fusion is recommended for objectively demonstrable segmental instability, such as excessive motion with degenerative spondylolisthesis. Spinal instability criteria includes lumbar inter-segmental movement of more than 4.5 mm. 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 at this time. There is no imaging evidence of lumbar intersegmental movement greater than 4.5 mm. There is no documentation of psychosocial screening and clearance for fusion surgery. The treating physician has documented extensive conservative treatment over 7 years but indicated that

physical therapy and manual interventions were "several years ago". There is worsening of symptoms reported over the past year. Evidence of 6 month(s) of a recent, comprehensive guideline-recommended non-operative treatment protocol trial and failure has not been submitted. Therefore, this request is not medically necessary.

Associated surgical service: Two (2) day 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 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-operative physical therapy 2x6: 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: 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 primary procedure is not medically necessary, none of the associated services are medically necessary.