MAXIMUS Federal Services

Case Number:	CM14-0145725		
Date Assigned:	09/12/2014	Date of Injury:	11/11/1998
Decision Date:	11/18/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/08/2014

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 Orthopaedic 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 71-year-old retired male sustained an industrial injury on 11/11/98. The mechanism of injury was not documented. The 7/23/14 treating physician report indicated the patient had back pain radiating into the buttocks and thighs. He could not walk without holding onto a walker and was leaning forward. Physical exam noted he was able to toe/heel walk and was neurologically intact. The diagnosis was spinal stenosis, most severe at L4/5, and neurogenic claudication. An updated MRI was requested. The medical necessity of an L4/5 decompression was opined. The 8/6/14 lumbar MRI impression documented an 8 mm left sided broad-based L4/5 disc protrusion and bony disc osteophyte complex. There was a 7 mm left facet synovial cyst at L4/5 resulting in moderate to severe central canal stenosis, very severe left lateral recess stenosis, moderate to severe left foraminal stenosis, and mild right foraminal stenosis. The 8/12/14 treating physician report cited significant back pain and left leg numbness. Difficulty was reported with ambulation and changing positions. He had to lean on the cart when he goes to the grocery store. He reported pain was getting worse and taking over his life. Physical exam documented forward flexed posture, decreased extension, decreased reflexes, and intermittent numbness in the left thigh. The updated MRI was reviewed and showed degenerative joint disease, stenosis, and a large facet joint cyst on the left at L4/5. X-rays were obtained and showed a degenerative scoliosis at L4/5 due to degenerative disc disease with a concavity to the left. There was no instability on flexion and extension. The treatment plan recommended bilateral L4/5 decompression with removal of the facet joint cyst. Because of the cyst, degenerative joint disease, and back pain, it was reasonable to perform an interbody fusion at L4/5 with a VariLift. Using the VariLift, pedicle screws are not needed. The treating physician opined the patient stable enough to undergo fusion which hopefully will take care of his back pain, neurogenic claudication and leg pain. The 8/19/14 utilization review modified the request and approved the bilateral L4/5 decompression

with removal of the facet joint cyst. The L4/5 fusion was denied as there was no evidence of instability at L4/5 and lack of supportive medical evidence for use, especially after removal of the synovial cysts by decompression.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL L4-5 DECOMPRESSION WIITH REMOVAL OF THE FACET JOINT CYST INTERBODY FUSION L4-5 WITH A VARILIFT (BACKSURGERY):: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306.

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, Fusion (spinal)

Decision rationale: The California MTUS 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. Fusion may be supported for surgically induced segmental instability but pre-operative guidelines recommend completion of a psychosocial screen with all confounding issues addressed. Guideline criteria have not been met. There is no current evidence that the decompression surgery will result in segmental instability. Current radiographs documented no instability in flexion/extension. Should a fusion be utilized, a psychosocial screen for surgical clearance is required. The 8/19/14 utilization review modified this request and approved the bilateral L4/5 decompression and removal of the facet joint cyst. There is no compelling reason to support the medical necessity of fusion at this time. Therefore, this request is not medically necessary.