

Case Number:	CM14-0150225		
Date Assigned:	10/10/2014	Date of Injury:	11/01/2000
Decision Date:	12/05/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/15/2014

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 Arizona. 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 is a 66-year-old male who sustained an injury on 11/1/2000. It was a lifting injury in which he hurt his back and subsequently underwent a laminectomy and discectomy at L5-S1. The patient had a repeat laminectomy at the same level for recurrent disc. The patient states he is developing increasing low back pain that has not responded to physical therapy or oral steroids. He states the back pain is constant, worse when he stands and walks, improved by sitting. The pain radiates to both anterior thighs. He also complains of pain in the groin bilaterally. He has tingling in both feet. In the past he has undergone multiple surgical procedures to his elbows and knees. The patient is able to heel walk and toe walk without difficulty. He has limitation of motion of his back secondary to pain, no muscle weakness, some sensation decreased to light touch on the bottom of his feet. Deep tendon reflexes are symmetrical. Straight leg raise is negative. The MR study of 4/23/2014 reveals a moderate levoscoliosis at L2-L3 with 5 mm of lateral subluxation of L1 on L2. There is multiple level degenerative disc disease with moderate loss of disc space height, facet arthropathy, and moderate to severe foraminal stenosis. At L5-S1 there is 2 mm of retrolisthesis and moderate to severe narrowing of the left neural foramen and moderate narrowing of the right neural foramen. There is also a superimposed right paracentral disc extrusion on the right. A request is made for lateral interbody fusion from L2 to L5, a posterior spinal fusion at L4-S1, and a laminectomy from L2 to S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lateral interbody fusion with interbody fusion cages at L2-3, L3-4, L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC, Low Back

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, Fusion

Decision rationale: The California MTUS guidelines state that increased spinal instability at the surgical decompression at the level of the degenerative spondylolisthesis may be candidate for a fusion. However there is no scientific evidence about the long-term effectiveness of any form of surgical decompression or fusion for degenerative lumbar spondylosis compared with the natural history. The Official Disability Guidelines has a more extensive discussion of lumbar fusions. There criteria include neural arch defects such as spondylolytic spondylolisthesis, or congenital neurologic hypoplasia. Segmental instability objectively demonstrated with excessive motion on flexion extension x-rays. Primary mechanical low back pain with one or 2 level segmental failure with progressive degenerative changes. In cases of Workmen's Compensation, patient outcomes related to fusion may have other compounding variables that may affect the overall success of the procedure. There is a lack of support for fusion for mechanical low back pain for subjects with failure to participate effectively in active rehabilitation preoperatively, total disability over 6 months, active psychiatric diagnosis, and/or narcotic dependence. Finally, in Workers' Compensation patients, there remains insufficient evidence to recommend fusion for chronic low back pain in the absence of central stenosis or spondylolytic spondylolisthesis. Therefore, for all the above reasons, the medical necessity for doing a lateral interbody fusion from L2-L5 has not been established. This request is not medically necessary.

Posterior spinal fusion with interbody fusion cage at L4-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC, Low Back

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, Fusion

Decision rationale: The California MTUS guidelines state that increased spinal instability at the surgical decompression at the level of the degenerative spondylolisthesis may be candidate for a fusion. However there is no scientific evidence about the long-term effectiveness of any form of surgical decompression or fusion for Jude degenerative lumbar spondylosis compared with the natural history. The Official Disability Guidelines has a more extensive discussion of lumbar fusions. There criteria include neural arch defects such as spondylolytic spondylolisthesis, or congenital neurologic hypoplasia. Segmental instability objectively demonstrated with excessive motion on flexion extension x-rays. Primary mechanical low back pain with one or 2 level segmental failure with progressive degenerative changes. In cases of Workers' Compensation,

patient outcomes related to fusion may have other compounding variables that may affect the overall success of the procedure. There is a lack of support for fusion for mechanical low back pain for subjects with failure to up participate effectively in active rehabilitation preoperatively, total disability over 6 months, active psychiatric diagnosis, and narcotic dependence. Finally, in workman's compensation patients, there remains insufficient evidence to recommend fusion for chronic low back pain in the absence of central stenosis or spondylolytic spondylolisthesis. Therefore, for all the above reasons, the medical necessity for a posterior fusion from L4-S1 has not been established. This request is not medically necessary.

Central laminectomy L2-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC, Low Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Laminectomy

Decision rationale: The California MTUS guidelines states that surgical consideration in the form of a laminectomy can be considered when there are severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies preferably with the accompanying objective signs of neural compromise. Also, clear clinical imaging and electrophysiological evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair. This patient has a lack of objective findings on the neurological examination. The imaging studies show mainly degenerative disc disease which has been present for a number of years. They do not demonstrate a lesion that has been shown to benefit in both the short and long-term from surgical decompression. Therefore, without objective or electrophysiological evidence of a nerve lesion, the medical necessity for a laminectomy from L2-S1 has not been established. This request is not medically necessary.

Posterior spinal fusion with instrumentation L2-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC, Low Back

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, Fusion

Decision rationale: The California MTUS guidelines state that increased spinal instability at the surgical decompression at the level of the degenerative spondylolisthesis may be candidate for a fusion. However there is no scientific evidence about the long-term effectiveness of any form of surgical decompression or fusion for Jude degenerative lumbar spondylosis compared with the natural history. The Official Disability Guidelines has a more extensive discussion of lumbar

fusions. There criteria include neural arch defects such as spondylolytic spondylolisthesis, or congenital neurologic hypoplasia. Segmental instability objectively demonstrated with excessive motion on flexion extension x-rays. Primary mechanical low back pain with one or 2 level segmental failure with progressive degenerative changes. In cases of Workers' Compensation, patient outcomes related to fusion may have other compounding variables that may affect the overall success of the procedure. There is a lack of support for fusion for mechanical low back pain for subjects with failure to up participate effectively in active rehabilitation preoperatively, total disability over 6 months, active psychiatric diagnosis, and narcotic dependence. Finally, in workman's compensation patients, there remains insufficient evidence to recommend fusion for chronic low back pain in the absence of central stenosis or spondylolytic spondylolisthesis. Therefore, for all the above reasons, the medical necessity for a posterior spinal fusion with instrumentation from L2-S1 has not been established. This request is not medically necessary.