MAXIMUS Federal Services

Case Number:	CM14-0162295		
Date Assigned:	10/07/2014	Date of Injury:	02/15/2011
Decision Date:	12/08/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/02/2014

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 is a 58 year old female with a 2/15/11 injury date. She was loading ice into a van when the freezer door blew open and struck her. In a 9/5/14 follow-up note, subjective findings include persistent chronic low back pain with radiating right leg pain that is worse with standing and activity. Objective findings include diminished lumbar motion with pain at end points, diffuse paraspinous tenderness and spasm, positive straight leg raising on the right, 4/5 extensor halluces longus (EHL) and gastrocnemius strength on the right, and reduced sensation over the right lateral foot. Plain x-rays were reviewed by the provider as showing disc space loss at L4-5 and L5-S1 with grade I spondylolisthesis at L5-S1 and 4 mm of translation at L4-5 and L5-S1 on flexion/extension views. A lumbar MRI on 6/17/14 revealed an L4-5 disc bulge with mild central canal narrowing and left neural foraminal stenosis, and an L5-S1 5 mm disc bulge with moderate left neural foraminal narrowing and moderate right neural foraminal narrowing. Diagnostic impression: grade I lumbar spondylolisthesis. Treatment to date: medications, activity modification, lumbar facet injections, physical therapy, acupuncture, Transcutaneous Electrical Nerve Stimulation (TENS) unit, brace. A UR decision on 9/24/14 denied the request for 2 day inpatient L4-5 and L5-S1 anterior and posterior fusion with posterior percutaneous screw instrumentation because there is no clinical documentation of compressive pathology at the 2 requested levels, and there are no electrodiagnostic studies available.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 Day inpatient L4-5 and L5-S1 anterior and posterior fusion with posterior percutaneous screw instrumentation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307.

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 Chapter--Discectomy/laminectomy, Hospital length of stay.

Decision rationale: CA MTUS states that surgical intervention is recommended for patients who have severe and disabling lower leg symptoms in the distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise; activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms; clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair; and failure of conservative treatment. In addition, CA MTUS states that there is no good evidence from controlled trials that spinal fusion alone is effective for treating any type of acute low back problem, in the absence of spinal fracture, dislocation, or spondylolisthesis if there is instability and motion in the segment operated on. According to ODG, an electrodiagnostic study is not necessary if there is sufficient correlation between exam and imaging findings. In this case, there is evidence on exam in the form of 4/5 muscle weakness of the right EHL and gastroc which correlates with moderate foraminal stenosis of right L5-S1 on the MRI. The patient also has significant and ongoing radicular complaints and positive straight leg raise test on the right. With regards to fusion, there is clear imaging evidence of spinal instability on both the flexion/extension xrays and MRI. In addition, the patient has failed a comprehensive conservative treatment protocol. The medical necessity of the request procedure appears to have been established. CA MTUS does not address this issue of hospital length of stay. ODG supports a 3-day hospital stay after lumbar fusion, and the request for 2 inpatient days is within this guideline. Therefore, the request for 2 day inpatient L4-5 and L5-S1 anterior and posterior fusion with posterior percutaneous screw instrumentation is medically necessary.