

Case Number:	CM14-0173674		
Date Assigned:	10/24/2014	Date of Injury:	04/28/2012
Decision Date:	12/03/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/21/2014

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 Spine Surgeon and is licensed to practice in Texas. 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:

The injured worker is a 54-year-old male who reported an injury on 04/28/2012 while he was lifting a cylinder head, he twisted and had acute onset of lower back pain and spasms. The injured worker complained of lower back pain that radiated down to the right lower extremity. The diagnoses included lumbar degenerative levoscoliosis, failed L3-4 decompressive surgery, and multilevel severe lumbar central and foraminal stenosis. The MRI of the lumbar spine performed on 06/27/2013 revealed evidence of prior Discectomy and Right Hemilaminectomy with a moderate diffuse disc bulge at the L3-4 with moderate right sided foraminal narrowing in conjunction with ligamentum flavum and facet hypertrophic changes. There was severe central stenosis that had progressed from prior examination. , Internal development of the left paracentral disc extrusion with extended at the L2-3 that measured 4 mm AP by 8 mm craniocaudal and impinging upon the traversing left L3 nerve root. The L4-5 revealed unchanged large left paracentral disc protrusion impinging upon the traversing left L5 nerve root and stable right paracentral disc protrusion at the L5-S1 which mildly impinges upon the traversing right S1 nerve root. Surgical history included Laminectomy in 2002. The objective findings dated 10/08/2014 of the lumbar spine revealed no tenderness to palpation, no muscle spasms, and no deformities. There was a well-healed incision noted to the lumbar region. There was no tenderness to palpation over the sacroiliac joints bilaterally. The lumbosacral motion demonstrated flexion with fingertips to his knees at 10 degrees with right and left bending at 10 degrees. Straight leg raise test was negative in the seated and supine position bilaterally. FABERE test was negative bilaterally. Motor examination was 4/5 strength bilaterally to the hip flexors, quadriceps, hamstrings. Sensory examination was intact to light touch at the C5-T1 and the L1-S1 dermatomes bilaterally. Deep tendon reflexes were 1+ and symmetric bilaterally. Babinski's test was down going bilaterally and Hoffmann's test was negative bilaterally. The

injured worker ambulated with an antalgic gait and assistance of a cane. Medications included Ibuprofen. The treatment plan included anterior posterior lumbar fusion with instrumentation L3-5, use of allograft bone with robotic assistance. The Request for Authorization dated 10/24/2014 was submitted with documentation. The rationale for the anterior posterior lumbar fusion was the failed Laminectomy and the impingement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior Posterior Lumbar Fusion with Instrumentation L3-L5, Use of Allograft Bone with Robotic Assistance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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 Spinal

Decision rationale: The request for Anterior Posterior Lumbar Fusion with Instrumentation L3-L5, Use of Allograft Bone with Robotic Assistance is not medically necessary. The California MTUS/ACOEM states that surgical considerations for the lumbar spine should be indicated for the injured worker that has severe debilitating lower leg symptoms in a distribution consistent with abnormalities on imaging studies, preferably with accompanying objective findings of neural compromise; activity limitations due to radiating leg pain for more than 1 month or extreme progression of lower leg symptoms; 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; and failure of conservative treatment to resolve disability radicular symptoms. The guidelines also state clinicians should consider referral for psychological screening to improve surgical outcomes. Injured workers with increased spinal instability (not work related) after surgical decompression at the level of degenerative spondylolisthesis may be candidates for fusion. There is no scientific evidence about the long-term effectiveness of any form of surgical decompression or fusion for degenerative lumbar spondylosis compared with natural history, placebo, or conservative treatment. 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. The Official Disability Guidelines state after screening for psychosocial variables, outcomes are improved and fusion may be recommended for degenerative disc disease with spinal segment collapse with or without neurologic compromise after 6 months of compliance with recommended conservative therapy. There is a lack of documentation regarding instability. The clinical notes did not provide the psychological evaluation recommended by the guidelines. Additionally, the objective findings that were dated for 10/08/2014 did not indicate severe debilitating lower leg symptoms or progression of lower leg symptoms. As such, the request is not medically necessary.