

Case Number:	CM14-0183424		
Date Assigned:	11/10/2014	Date of Injury:	06/03/2002
Decision Date:	12/18/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	11/04/2014

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 Neurosurgery 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:

The injured worker is a 50-year-old female who reported an injury on 06/03/2002. The mechanism of injury was when the injured worker was picking up a heavy oxygen canister and felt a pop in her left neck and scapula. The injured worker's treatment history included MRI of the cervical spine, medications, status post anterior C5-6 discectomy with spinal cord and nerve root compression and fusion, acupuncture sessions, and physical therapy. The injured worker had an MRI on 08/05/2013 that revealed an annular tear at L5-S1 at the left lateral recess without disc protrusion. L5-S1 left transforaminal ESI was performed on 07/15/2014. The injured worker was evaluated on 09/24/2014. It was documented the injured worker complained of low back and leg pain. It states that her leg pain has gotten worse. Therefore, she wants to proceed with surgery. On physical examination, the lower extremities remain unchanged since last visit. The injured worker had weakness on the left leg and plantar flexors and dorsal flexors and rate it 4+/5 compared to the right side, which was 5/5. Diagnoses included anterior and posterior C5-6 discectomy with spinal cord and nerve root compression and fusion included chronic neck pain, chronic bilateral hip pain, chronic left scapula/shoulder pain, chronic compensatory muscle spasm, scapulothoracic crepitus syndrome, herniated nucleus pulposus C4-5 and C5-6, bilateral greater trochanteric bursitis, permanent and stationary, and syringomyelia, status post anterior cervical fusion. The treatment plan included anterior and posterior L5-S1 fusion. The request for Authorization was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Inpatient times two (2) days for spine surgery: 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: Anterior and Posterior L5-S1 Fusion: 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): 307.

Decision rationale: The request for anterior and posterior L5-S1 fusion is not medically necessary. CA MTUS/ACEOM states that surgical considerations for the back should be considered only when serious spinal pathology or nerve root dysfunction not responsive to conservative therapy (and obviously due to a herniated disc) is detected. Disc herniation, characterized by protrusion of the central nucleus pulposus through a defect in the outer annulus fibrosis, may impinge on a nerve root, causing irritation, back and leg symptoms, and nerve root dysfunction. The presence of a herniated disc on an imaging study, however, does not necessarily imply nerve root dysfunction. Studies of asymptomatic adults commonly demonstrate intervertebral disc herniation's that apparently do not cause symptoms. Some studies show spontaneous disc resorption without surgery, while others suggest that pain may be due to irritation of the dorsal root ganglion by inflammogens (metalloproteinase, nitric oxide, interleukin 6, prostaglandin E2) released from a damaged disc in the absence of anatomical evidence of direct contact between neural elements and disc material. Therefore, referral for surgical consultation is indicated for patients who have: Severe and disabling lower leg symptoms in a 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 1 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; Failure of conservative treatment to resolve disabling radicular symptoms; If surgery is a consideration, counseling regarding likely outcomes, risks and benefits, and, especially, expectations is very important. Patients with acute low back pain alone, without findings of serious conditions or significant nerve root compromise, rarely benefit from either surgical consultation or surgery. If there is no clear indication for surgery, referring the patient to a physical medicine practitioner may help resolve the symptoms. Furthermore, the guidelines states that spinal fusion could be considered for cases of trauma related spinal fracture or dislocation, fusion of the spine is not usually considered during the first 3 months of symptoms. Patients 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. It is important to note that although it is being undertaken, lumbar fusion in patients with other types of low back pain very seldom cures the patient. A recent study has shown that only 29% assessed themselves as "much better" in the surgical group versus 14% "much better" in the non-fusion group (a 15% greater chance of being "much better") versus a 17% complication rate (including 9% life threatening or reoperation). The injured worker was noted to have back pain and leg pain that has failed to respond to conservative measures. However, objective examination findings were limited to slight decrease in strength 4+/5 in the dorsal plantar flexors on the left, with no other positive examination findings documented. There is insufficient documentation of dermatomal or myotomal deficits to support surgical intervention, and there is no documentation of instability to support fusion. As such, the information submitted for review does not demonstrate the criteria were met. As such, the request for anterior and posterior L5-S1 fusion is not medically necessary.

Associated surgical service: Bone Stimulator purchase: 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: Back Brace purchase: 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.