

Case Number:	CM14-0024235		
Date Assigned:	02/28/2014	Date of Injury:	04/29/2012
Decision Date:	06/30/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	02/26/2014

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 53-year-old female sales associate sustained a cumulative trauma injury. The date of injury is 01/29/12. The 3/11/13 lumbar spine MRI impression documented disc desiccation at L4/5 with associated loss of disc height, Modic endplate type II degenerative changes involving the inferior end plate of L4 and the superior end plate of L5, and L4/L5 disc bulge which causes bilateral neuroforaminal narrowing and spinal canal narrowing. The 12/27/13 orthopedic report stated that the patient presented with low back pain radiating bilaterally into the anterolateral thighs, legs and dorsum of the feet, right more than left. Pain was constant, burning, and stinging, and reported as worsening. The conservative treatment had included chiropractic, physical therapy, and TENS unit. Physical therapy improved her symptoms; however, chiropractic aggravated them. Functional loss was noted in her ability to sit, stand, or walk. The patient was reported as a current smoker, and smokes six (6) cigars a day. The physical exam findings documented antalgic gait, moderate to marked loss of range of motion, lumbar paraspinal tenderness and spasms, bilateral sciatic notch tenderness, negative straight leg raise, right extensor hallucis longus and tibialis anterior 4/5 to 4+/5 strength, symmetrical deep tendon reflexes, and right L4 and L5 numbness. The x-rays showed grade 1 spondylolisthesis at L4/5, and significant spondylosis L4/5. An MRI review also showed a grade I spondylolisthesis at L4/5 with significant foraminal stenosis. The treatment plan recommended anterior fusion/posterior fusion with laminectomy L4/5, noting that this had been recommended by three (3) other physicians. The 02/14/13 second opinion surgical report cited subjective complaints of low back burning and stabbing pain radiating into the right leg and down the leg in the anterior thigh to the shin. Low back and leg pain were equal in intensity, grade 8/10. The physical exam findings documented antalgic gait to the right, forward-stooped posture, marked loss of lumbar extension, mild loss of lumbar flexion, and moderate loss of lateral flexion. Sensation was diminished to light touch in

the right big toe, lateral aspect of the right calf, and anterior right shin region. Deep tendon reflexes were symmetrical, 2+ at the knee, and 1+ at the ankles. Difficulty was reported walking on the heels and toes on the right, and right L4 and L5 strength was 4/5. Straight leg raise was mildly positive on the right. An L4/5 anterior decompression and fusion was recommended. The 02/19/14 utilization review denied the surgical request as it had been submitted by the treating chiropractor and the request was outside his scope of practice.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-L5 ANTERIOR FUSION/POSTERIOR FUSION WITH LAMINECTOMY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AANS/NASS Guidelines; the Medicare Coverage Advisory Committee Technology Assessment; the Advancement of Spine Surgery; and BlueCross BlueShield, 2002.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic, Discectomy/laminectomy, Fusion (spinal)

Decision rationale: Under consideration is a request for L4-L5 anterior fusion/posterior fusion with laminectomy. The Official Disability Guidelines recommend that the criteria for lumbar discectomy and laminectomy include symptoms/findings that confirm the presence of radiculopathy and correlate with clinical exam and imaging findings. The guideline criteria include evidence of nerve root compression, imaging findings of nerve root compression, lateral disc rupture, or lateral recess stenosis, and completion of comprehensive conservative treatment. Fusion may be supported for surgically induced segmental instability, but pre-operative guidelines recommend completion of all physical medicine and manual therapy interventions and psychosocial screen with all confounding issues addressed. For any potential fusion surgery, it is recommended that the patient refrain from smoking for at least six (6) weeks prior to surgery and during the period of fusion healing. The guideline criteria have not been met. There is no radiographic evidence of segmental instability. A psychosocial screen is not evident. The patient is documented as a current every day smoker, with no indication of smoking cessation. There is no detailed documentation that recent comprehensive pharmacologic and non-pharmacologic conservative treatment had been tried and failed. Therefore, this request for L4-L5 anterior fusion/posterior fusion with laminectomy is not medically necessary.