

Case Number:	CM14-0034565		
Date Assigned:	07/23/2014	Date of Injury:	11/01/2013
Decision Date:	10/01/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	03/17/2014

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 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 41-year-old female who reported an injury on 11/01/2013. The injury reportedly occurred when she tripped over a floor mat and landed hard on her left leg in an effort to catch herself, and felt a shock up her back. She was diagnosed with low back pain. Her past treatments were noted to include activity restriction, ice/heat applications, medications, and 2 physical therapy visits since her date of injury. No diagnostic reports were provided for review. Her surgical history included previous lumbar discectomy and fusion at the L5-S1 level in 2006. On 02/19/2014, the injured worker was seen with complaints of low back pain with radiation down her left leg into her ankle. She rated her pain 9/10. It was also noted that she denied relief of her left leg pain with her recent selective nerve root block. Her physical examination revealed difficulty performing heel and toe walking on the left side due to subjective pain and weakness of the left foot, a positive left straight leg raise, slightly decreased motor strength to 4+/5 in the left psoas, quadriceps, anterior tibialis, and EHL. It was noted that her sensation was intact bilaterally. X-rays were noted to have been performed at her previous visit, and her provider indicated that these had revealed a stable anterior screw and plate fixation at L5-S1, with a stable interbody graft and fusion at that level, no signs of loss of disc heights at the adjacent levels or acute fracture, and anatomic alignment without signs of instability with flexion and extension views. An MRI, which was noted to have been performed on 10/25/2013, was also reviewed and was noted to have revealed evidence of severe stenosis at L4-5 secondary to ligamentous hypertrophy and disc herniation. Her medications included nabumetone, tramadol, and orphenadrine. A recommendation was made for surgical intervention to include an anterior lumbar discectomy and interbody fusion at L4-5 for the treatment of her low back and left leg pain, as she was noted to have failed conservative care. The Request for Authorization form was not submitted in the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

ALIF L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): page 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, Fusion (spinal).

Decision rationale: According to the California MTUS/ACOEM Guidelines, spinal surgery may only be considered when serious spinal pathology and/or nerve root dysfunction has been unresponsive to at least 3 months of conservative therapy and is obviously due to a herniated disc. Documentation should show: severe and disabling radiating symptoms in a distribution consistent with abnormalities on imaging studies, as well as accompanying objective signs of neural compromise; activity limitations due to radiating extremity pain that have been present for more than 1 month, or an extreme progression of radiating symptoms; clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit from surgical repair; and the failure of at least 3 months of conservative treatment to resolve disabling radicular symptoms. Additionally, the guidelines state that spinal fusion may be considered when there is clear evidence of instability. More specifically, the Official Disability Guidelines state that lumbar spinal fusion should not be considered within the first 6 months of symptoms except when there is evidence of fracture, dislocation, or progressive neurologic loss. The guidelines state that indications for spinal fusion may include: a neural arch defect with spondylolytic spondylolisthesis or congenital neural arch hypoplasia; objectively demonstrable segmental instability; primary mechanical back pain with failure of functional spinal unit and instability; when revision surgery is performed for failed previous operations if significant functional gains are anticipated; when there is infection, tumor, or deformity of the lumbosacral spine that causes intractable pain, neurological deficit, and functional disability; or after the failure of 2 discectomies on the same disc. Additionally, the guidelines state that prior to spinal fusion, all pain generators need to be identified and treated; all physical medicine and manual therapy intervention has been tried and failed; x-rays have demonstrated spinal instability, and MRI or other diagnostic testing has demonstrated disc pathology which has been correlated with symptoms and physical examination findings; the spinal pathology is limited to 2 levels; psychosocial screening has been performed and confounding issues have been addressed; and recommendations have been made for patients who smoke to refrain from smoking for at least 6 weeks prior to surgery and during the period of fusion healing. The injured worker was noted to have a significant history of lumbar radiculopathy as well as a surgery with fusion at the L5-S1 level in 2006, after the failure of conservative care. She was also shown to have had postoperative physical therapy after that surgery. The documentation submitted for review indicates that she reported an injury on 11/01/2013 followed by symptoms of low back pain with radiating symptoms to the left lower extremity. Since that injury, it was noted that she was treated with 2 physical therapy visits (which aggravated her symptoms), activity restrictions, medications, and a selective nerve root injection (which failed to provide relief). The documentation indicated that an MRI was performed on 10/25/2013, which was prior to her reported injury on 11/01/2013. This MRI was noted to reveal stenosis at L4-5 secondary to ligamentous hypertrophy and a disc herniation. However, the MRI report was not provided to verify these findings, and there was no evidence that an MRI had been

performed after her 11/01/2013 injury. In addition, it was noted that x-rays of the lumbar spine with flexion and extension views had been performed on 01/10/2014 and revealed no signs of instability. The x-ray report was also not provided to verify these findings. She was shown to have weakness on physical examination in the left lower extremity. However, in the absence of diagnostic reports to correlate with these findings, surgical intervention is not supported. In addition, the documentation failed to show that she has tried and failed an adequate course of conservative treatment as recommended by the guidelines. Additionally, her diagnostic epidural steroid injection was noted to have been unsuccessful, and there was no evidence of radiculopathy on recent electrodiagnostic testing. Based on this information, the requested surgery would not be supported. In addition, the injured worker was not shown to have x-ray evidence of instability, and there was no documentation indicating that she had undergone an appropriate psychosocial screening or counseling regarding smoking cessation prior to surgery. Therefore, the criteria for fusion surgery have not been met, and the request is not supported. As such, the requested surgical intervention is not medically necessary.

One day in patient stay: 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: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Co Surgeon Anterior Approach: 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: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Pre Op Medical Clearance (labs, chest x-ray, EKG): 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: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Assistant Surgeon: 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: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Lumbar Back Brace: 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: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Bone Growth Stimulator: 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: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Fitting: 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: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.