

Case Number:	CM14-0052032		
Date Assigned:	07/09/2014	Date of Injury:	07/30/2012
Decision Date:	09/19/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/18/2014

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 Orthopaedic 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 57-year-old male driver sustained an industrial injury on 7/30/12 relative to repetitive work duties. Past medical history was positive for hypertension, polymyositis, rheumatoid arthritis, anxiety, sleep difficulties, and depression. Past surgical history was positive for a right total hip arthroplasty on 7/24/13. The 10/31/13 lumbar MRI impression documented grade 1 anterior spondylolisthesis of L4 on L5 and grade 1 retrolisthesis of L5 on S1 due to bilateral spondylosis. There were degenerative marginal osteophytes off the endplates of L1/2 and L5/S1. There was disc desiccation at T12/L1 through L5/S1 with associated disc height loss. There were Mobic Type II endplate degenerative changes at L1 through L6. There was a broad based disc herniation at L1/2 causing spinal canal stenosis and bilateral lateral recess stenosis with deviation of the left L2 transiting nerve roots. There was diffuse disc herniation at L3/4 causing spinal canal and bilateral lateral recess stenosis contacting the bilateral L4 transiting nerve roots. There were pseudodisc bulges at L4/5 and L5/S1 causing spinal canal and bilateral lateral recess stenosis. The 3/4/14 orthopedic consult report cited constant grade 7-9/10 low back pain radiating into the right lower extremity with episodic numbness and tingling. Pain increased with prolonged standing, walking, and sitting activities. Functional difficulty was noted in activities of daily living. The patient was a one pack per day smoker. Physical exam documented body mass index 33 with significant difficulty ambulating and getting on and off the exam table. He had a forward stoop with tremendous spinal guarding. There were severe lumbar paravertebral muscle spasms from L1 to S1 and a step off at L4/5. Lumbar range of motion was extremely guarded with severe pain. Nerve tension signs were severely positive bilaterally. Valsalva maneuver was positive bilaterally. Sensory deficit was noted bilateral over the L4, L5 and S1 dermatomes. Lower extremity motor strength was symmetrical and documented as 3/5 hip flexors, 3/5 to 3+/5 quadriceps and iliopsoas, 4/5 tibialis anterior, and 4/5 peroneus longus weakness. There was also

extensor hallucis longus and foot eversion weakness. Lower extremity deep tendon reflexes were absent. Lumbosacral spine x-rays were obtained and documented critical stenosis at multiple levels, spondylolisthesis grade II with dynamic instability at L4/5, and spared L2/3. The patient had maximum conservative treatment without improvement. The patient was unstable at L4/5 and had severe degeneration at L3/4 and L5/S1. Surgery was recommended to include wide decompression and fusion from L3 through the sacrum through a 360 degree technique using femoral allograft anteriorly, internal fixation anteriorly and pedicle screws posteriorly with intertransverse fusion and posterior decompression at L1/2. The 3/21/14 utilization review denied the lumbar decompression and fusion and associated requests as guideline criteria had not been met relative to psychological clearance and smoking cessation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Two day Inpatient stay for wide decompression and fusion at L3 through sacrum through a 360 degree technique using femoral allograft anteriorly, internal fixation anteriorly and pedical screws posteriorly with intertransverse fusion with posterior decompression at L1-L2: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 202-211. Decision based on Non-MTUS Citation (ODG) Low Back - Lumbar & Thoracic, Discectomy/Laminectomy, Fusion (spinal).

Decision rationale: The ACOEM revised low back guidelines state that lumbar fusion is recommended as an effective treatment for degenerative spondylolisthesis. Lumbar fusion is not recommended as a treatment for spinal stenosis unless concomitant instability or deformity has been proven. The Official Disability Guidelines (ODG) state that spinal fusion is not recommended for patients who have less than six months of failed recommended conservative care unless there is objectively demonstrated severe structural instability and/or acute or progressive neurologic dysfunction. Fusion is recommended for objectively demonstrable segmental instability, such as excessive motion with degenerative spondylolisthesis. Pre-operative clinical surgical indications require completion of all physical therapy and manual therapy interventions, x-rays demonstrating spinal instability, spine pathology limited to 2 levels, and psychosocial screening with confounding issues addressed. For any potential fusion surgery, it is recommended that the injured worker refrain from smoking for at least six weeks prior to surgery and during the period of fusion healing. Guideline criteria have not been met. There is imaging evidence of multilevel stenosis with grade II spondylolisthesis with dynamic instability at L4/5. There was no documentation of guideline-recommended smoking cessation. Psychosocial screening was not evidenced. Therefore, this request is not medically necessary.

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 base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Centers for Medicare and Medicaid services, Physician Fee Schedule.

Decision rationale: As the surgical request is not supported, this request is not medically necessary.

Internal Medical Evaluation and Clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. *Anesthesiology* 2012 Mar; 116(3):522-38.

Decision rationale: As the surgical request is not supported, this request is not medically necessary.