

Case Number:	CM14-0056929		
Date Assigned:	08/06/2014	Date of Injury:	07/23/2002
Decision Date:	09/18/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	04/28/2014

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 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 65-year-old female who reported injury on 07/23/2002. The mechanism of injury, medications and prior treatments were not provided. The injured worker was noted to have an MRI of the lumbar spine with and without contrast on 03/19/2014, per the physician documentation, which showed interval surgery at the L3-4 disc level. There was a new grade I anterolisthesis and moderate canal stenosis appearing similar to the prior study. There was a new grade I retrolisthesis of L2 union upon L3, with worsened moderate central canal stenosis. There were mild disc bulges from T12-L1. The documentation of 03/28/2014 revealed the injured worker had a physical examination that revealed the injured worker had muscle tenderness in the lower lumbar spine, and at the sacral notches. The injured worker had decreased range of motion in the lumbar spine. The myotomal and dermatomal findings were noted to be normal. The documentation indicated the injured worker had x-rays taken 12/13/2013 that were compared to the MRI. It was indicated on the scan, at the level of L5-S1, the injured worker had a good disc height with no signs of stenosis. At L4-5, there was a wide decompression with the interbody graft and pedicle screws. At L3-4, there was a lateral plate, and the fusion was solid. There was remodeling at L3-5, and some residual stenosis centrally at this level, which was the area where it was solidly fused. Above that, there had been significant progression of the L2-3 over the scan of 2008. It was indicated at that time, L2 and L3 were entirely normal. The documentation indicated that the injured worker had retrolisthesis and collapse on the x-ray. The documentation indicated the MRI now showed retrolisthesis and the collapse was shown on the x-ray. There was stenosis of at least moderate nature at L2-3 above the 2-level fusion. The diagnosis included status post laminectomy interbody fusion with pedicle screws at L4-5, status post lateral fusion with lateral endplate and remodeling and solid fusion L3-4, residual moderate stenosis L3-4, and spondylosis with retrolisthesis and stenosis at L2-3. The discussion indicated the injured worker

had undergone multiple spinal surgeries. The injured worker had a long free interval, and now the symptoms were back. The injured worker was noted to have an inability to take enough Motrin and cortisone to control the symptoms. The physician opined there was a major change at L2-3 over 7 years, based on the review of the MRIs and x-rays. The physician opined the injured worker had junctional disc collapse with retrolisthesis and stenosis at L2-3. The injured worker was noted to require a decompression and stabilization at the level of L2-3. The treatment plan included an anterior lumbar discectomy and fusion from a direct lateral approach at L2-3. Posteriorly, the injured worker could have a microscopic decompression at L2-3 and a re-check at L3-4 with a posterior fusion at L2-3 with internal fixation. As such, the request was made for the surgical intervention. There was no Request for Authorization submitted for the requested surgery and ancillary services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extreme Lateral Interbody Fusion (XLIF) L2-3, Recheck L3-4 and Posterior Fusion L2-3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Procedure Summary.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-309.

Decision rationale: The American College of Occupational and Environmental Medicine indicate a surgical consultation may be appropriate for injured workers who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on studies, preferably with objective signs of neural compromise, activity limitations due to radiating leg pain for more than 1 month, or the extreme progression of lower leg symptoms. There should be documentation of 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, and documentation of a failure of conservative treatment to resolve disabling radicular symptoms. Additionally, 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 clinical documentation submitted for review indicated the request had been made for an interbody fusion. The physician documentation indicated the request was for an anterior lumbar discectomy and fusion at L2-3, posterior microscopic decompression at L2-3, a re-check at L3-4, and posterior fusion at L2-3 with internal fixation. There would need to be clarification of the procedure being requested. There was a lack of documentation indicating the injured worker had myotomal or dermatomal findings, as the findings were noted to be within normal limits. Additionally, there was no official MRI submitted for review. There was no documentation of an EMG/NCV, if the request included a decompression. There was a lack of documentation of prior conservative treatment. There was no Request for Authorization for the requested procedure. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations.

Given the above, the request for extreme lateral interbody fusion XLIF L2-3, recheck L3-4, and posterior fusion L2-3 is not medically necessary.

3 Day Hospital Stay: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Procedure Summary.

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.

DME Purchase Thoracolumbosacral Orthosis (TLSO) Brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Procedure Summary.

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.

Pre-Operative Work up: Chest X-Ray and EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Procedure Summary.

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.

Pre-Operative Labs: CBC, UA, PT, PTT , Sedimentation Rate: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Procedure Summary.

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.

