

Case Number:	CM14-0062554		
Date Assigned:	07/11/2014	Date of Injury:	11/08/2013
Decision Date:	08/11/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	05/06/2014

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:

The injured worker is a 54 year old female who sustained an injury on 11/08/13 while pushing a large cart holding several computers. The injured worker developed complaints of pain in the lumbar area radiating to the lower extremities. The injured worker is noted to have had a previous lumbar fusion performed from L4 to S1. The injured worker was initially treated with anti-inflammatories as well as muscle relaxers and referred for physical therapy. The injured worker reported severe aggravation of her symptoms with physical therapy. The injured worker was also started on Neurontin for neuropathic symptoms. Magnetic resonance image studies of the lumbar spine from 01/27/14 noted a previous posterior spinal fusion with instrumentation from L4 through S1 as well as an L4-5 Gill type decompressive laminectomy and facetectomy at L4-5 and further decompressive laminectomy and facetectomy at L5-S1. There were intervertebral cages noted from L4 through S1. Small hemangiomas were noted in the L3 and L4 vertebral bodies. There were appropriate signs of interbody fusion at L4-5 and L5-S1. At L3-4, there was a 2mm disc bulge with end plate spurring projecting anteriorly. Moderate facet hypertrophy was noted with a large amount of facet joint effusion. There was moderate canal and lateral recess stenosis as well as moderate right foraminal narrowing with encroachment of the central L4 nerve roots and exiting right L3 nerve root. The clinical report from 03/27/14 noted that the injured worker had no significant improvement with physical therapy through February of 2014. The injured worker indicated that previous injections before her 1st surgery only provided minimal benefit. The injured worker did not wish to consider further injections. On physical examination, there was notable weakness in the quadriceps as well as the anterior thigh, right worse than left. The injured worker was felt to have a well-healed fusion from L4 through S1 with adjacent level disease at L3-4. There was an opinion that there was early cauda equina impingement due to the adjacent level disease. The recommendation was for extension of

the fusion up through L3 to include interbody fusion at L3-4, removal of the previous instrumentation from L4 through S1, and exploration of the fusion graft from L4 through S1. The injured worker was continued on Neurontin, Flexeril, and Percocet for low back and lower extremity pain through April of 2014. No symptom changes were noted at the evaluation on 04/24/14. The injured worker was kept on work restrictions at this visit. There was a 2nd opinion from an independent surgeon on 07/09/14. The injured worker's physical examination noted an intact sensory exam with 1+ symmetric reflexes in the lower extremities. There was tenderness to palpation of the lumbar spine. No other neurological deficits were identified. The opinion was that there was no indication for re-fusion of the previous L4 through S1 segments or takedown of the previous hardware. The evaluator felt that there were minimal findings at L3-4 that would have reasonably warranted surgical intervention. The requested L3-4 transforaminal lumbar interbody fusion with instrumentation, removal of instrumentation, and exploration from L4 through S1 with a surgical assistant followed by L3 through S1 posterior spinal fusion were all denied by utilization review on 04/16/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

L3-4 transforaminal lumbar fusion interbody fusions with instrumentation, removal of instrumentation and exploration from L4-S1, surgical assistant: 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, Hardware Implant Removal, and Ankle Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: American Association of Orthopaedics Surgeons Position Statement Reimbursement of the First Assistant at Surgery in Orthopaedics.

Decision rationale: Imaging clearly showed consolidation of the fusion graft from L4 through S1 with no indication of complications at the hardware. A L3-4 transforaminal lumbar interbody fusion could have been performed alone at the L3-4 segment to address the adjacent level segment disc disease at this level. These procedures would have been considered excessive for the pathology noted on imaging and based on the injured worker's presentation. The request for a L3-4 transforaminal lumbar interbody fusion with instrumentation followed by removal of instrumentation from L4 through S1 as well as exploration and surgical assistant, this request is not medically necessary based on review of the clinical documentation submitted as well as current evidence based guidelines.

L3-S1 Posterior Spinal Fusion (PSF/PSI): 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): 305-307.

Decision rationale: There was no indication for performing any extensive exploration of the previous fusion from L4 through S1 or redoing the fusion at these 2 levels. Imaging clearly showed consolidation of the fusion graft from L4 through S1 with no indication of complications at the hardware. In this case, an L3-4 transforaminal lumbar interbody fusion could have been performed alone at the L3-4 segment to address the adjacent level segment disc disease at this level. This would not have reasonably required the additional procedures requested for this injured worker or the proposed L3 through S1 posterior spinal fusion. These procedures would have been considered excessive for the pathology noted on imaging and based on the injured worker's presentation. In regards to the request for an L3-S1 posterior spinal fusion, this reviewer would not have recommended this request as medically necessary based on review of the clinical documentation submitted as well as current evidence based guidelines.