MAXIMUS Federal Services

Case Number:	CM14-0071375		
Date Assigned:	07/14/2014	Date of Injury:	10/15/2013
Decision Date:	09/19/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/16/2014

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 56 year old female who sustained an industrial injury on 10/15/2013. Prior peer reviews dated 2/20/2014 and 5/6/2014 recommended non-certification of the requested L4/L5/S1 TLIF and inpatient surgery x 2 days. The surgery was determined to be not medically necessary or appropriate. A repeat lumbar spine MRI dated 10/22/2013 provided the impression: Overall, no significant change compared to the prior exam of 03/18/2001, transitional lumbosacral vertebral body with partial sacralization of L5. The last complete disc level designated S1-S2. These correlate with plain films. 3. L5-S1, moderate right and mild foraminal stenosis. Four to 5 mm right foraminal protrusion with degenerative spurring, L4-L5, mild to moderate bilateral foraminal stenosis, L3-L4, mild bilateral foraminal stenosis. According to the 1/28/2014 visit note, the patient presents s/p bilateral L4-5, L5-S1 epidural injection. She states nothing has changed since the procedure. She reports muscle spasms in the bilateral feet. Pain is rated 9/10. She has more numbness on the right side which travels into the big toe. She still has back pain that radiates up the back. She had no pain relief with the procedure. Lumbar spine examination documents painful movements with range of motion beyond 75 degrees flexion, beyond 20 degrees extension, beyond 25 degrees right lateral bending and 30 degrees left lateral bending, tenderness and tight band of the paravertebral muscles on both sides, all lower extremity reflexes equal and symmetric, no spinal process tenderness, heel and toe walk, diagnoses lumbar disc displacement without myelopathy, lumbago, thoracic or lumbosacral neuritis or radiculitis NOS, and spasm of muscle. She demonstrates adequate pain control and ability to function and perform ADLs with quality of life on naproxen 500 mg bid, gabapentin 100 mg qhs, and Flexeril 10 mg qhs. Today will trial on Flexeril and Tramadol PRN for pain. Continue Neurontin 100 mg qhs, Naproxen 500 mg bid, Flexeril 10 mg qhs. Work status TTD. According to the follow up visit report dated 1/29/2014,

the patient returns to discuss TFESI at bilateral L4/5, L5/S1. The injection did not help symptoms. Symptoms have increased since last visit. She has pain with walking. Pain is managed with rest, lumbar brace, Naprosyn, Neurontin and Flector patch, with mild relief. Physical examination reveals normal bulk and tone in the bilateral upper and lower extremities, normal motor strength, normal reflexes, and normal sensation to all extremities. She has unsteady gait, but is able to heel, toe and tandem walk without difficulty. Refilled medications Flector patch, Naprosyn 500 mg bid, and Neurontin 100 mg 3 times per day. Assessment/Recommendation is for L4/5 L5/S1 TLIF. The diagnoses are foraminal stenosis of lumbar region and DDD lumbar.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4/L5/S1 TLIF (trans foraminal lumbar interbody fusion) inpatient surgery: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG low back, spinal fusion.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Spinal Fusion.

Decision rationale: The ODG Pre-Operative Surgical Indications Recommended: Pre-operative clinical surgical indications for spinal fusion should include all of the following: (1) All pain generators are identified and treated; & (2) All physical medicine and manual therapy interventions are completed; & (3) X-rays demonstrating spinal instability and/or myelogram, CT-myelogram, or discography (see discography criteria) & MRI demonstrating disc pathology correlated with symptoms and exam findings; & (4) Spine pathology limited to two levels; & (5) Psychosocial screen with confounding issues addressed. (6) 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. The patient has no neurological deficits on examination. There is no clinical evidence to support existence of neurocompressive lesion resulting in lumbar radiculopathy. According to the guidelines, spinal fusion in the absence of fracture, dislocation, unstable spondylolisthesis, tumor or infections, is not supported. The medical records do not establish any of these conditions exist in the case of this patient. The presence of disc bulge does not establish a medical necessity for two level fusions. The medical records do not establish there is spinal instability at the L4-5 and L5-S1 levels, to warrant consideration of fusion. Also, if the patient were a candidate for fusion, psychological clearance would need to be obtained. Regardless, the patient is not a candidate for lumbar fusion. Therefore, the request is not medically necessary.

Inpatient stay x 2 days: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG low back, hospital length of stay.

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, Hospital length of stay (LOS).

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.