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| Case Number: | CM14-0076407 | | |
| Date Assigned: | 07/18/2014 | Date of Injury: | 09/08/2012 |
| Decision Date: | 08/25/2014 | UR Denial Date: | 05/20/2014 |
| Priority: | Standard | Application Received: | 05/27/2014 |

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:

This 57-year-old male sustained an industrial injury on 9/8/12. Injury occurred lifting a heavy garbage bag. The 3/21/13 lumbar spine MRI documented multilevel degenerative spondylosis and facet arthropathy, most significant at L3/4. There was an L3/4 circumferential disc bulge and degenerative facet joint changes that resulted in mild central canal stenosis and bilateral neuroforaminal stenosis. There was a mild 3 mm degenerative anterolisthesis at L5/S1. The 7/12/13 bilateral lower extremity electrodiagnostic study was reported normal with no evidence of neuropathy or radiculopathy. The 4/6/14 lumbar x-rays documented bilateral L5 spondylolysis with degenerative anterolisthesis of L5 on S1 and mild multilevel degenerative disc disease. There was no instability documented. The 4/8/14 treating physician report cited grade 10/10 back pain. Physical exam documented antalgic gait, absent left Achilles reflex, positive straight leg raise at 20 degrees on the right and 0 on the left, light touch tenderness throughout the lumbar spine, and 0 degrees of forward flexion. Surgery was recommended. The 5/20/14 utilization review denied the request for laminectomy and L5/S1 fusion as there was no x-ray documentation of instability. Records suggested that there was significant psychological overlay, psychological evaluation was noted but surgical clearance was not addressed.

IMR ISSUES, DECISIONS AND RATIONALES

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

LAMINECTOMY, L5-S1 PEDICLE SCREWS RODS FUSION: 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): 202-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic, 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. Spinal instability criteria includes lumbar inter-segmental movement of more than 4.5 mm. 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. Guideline criteria have not been met. There is no radiographic or imaging evidence of segmental instability. The spondylolisthesis is grade 1 and 3 mm. A psychosocial clearance is not evident; prior psychological issues are documented. There is no detailed documentation that recent comprehensive pharmacologic and non-pharmacologic conservative treatment had been tried and failed. Therefore, this request for laminectomy, L5/S1 pedicle screws and rod fusion is not medically necessary.

2 DAY HOSPITAL STAY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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 - Lumbar & Thoracic, Hospital length of stay (LOS).

Decision rationale: As the request for lumbar spine surgery is not medically necessary, the associated request for 2 day hospital stay is also not medically necessary.