

Case Number:	CM14-0083713		
Date Assigned:	07/21/2014	Date of Injury:	05/14/2010
Decision Date:	10/01/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/05/2014

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 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 61-year-old male who reported an injury on 06/14/2010. The mechanism of injury was a fall. He is diagnosed with lumbar spinal stenosis at L4-5 and L5-S1, grade 2 spondylolisthesis at L5-S1, bilateral lumbosacral neuritis, and lumbago. His past treatments were noted to include Vicodin and anti-inflammatory medications. However, the documentation also showed that he had continued working full duty with no restrictions, and he was able to manage his activities well. An MRI of the lumbar spine was performed on 09/16/2013. The findings included a grade 2 anterolisthesis of L5 on S1 due to chronic bilateral pars defects, resulting in severe bilateral neural foraminal narrowing with impingement of the exiting bilateral L5 nerve roots. Additionally, there was moderate bilateral subarticular and neural foraminal narrowing seen at the L4-5 level. On 12/04/2013, the injured worker presented for evaluation from a surgical standpoint. He was noted to report symptoms of low back pain with radiation into the bilateral lower extremities, with associated numbness and weakness. His physical examination revealed decreased motor strength in dorsiflexion and plantarflexion to 4/5 bilaterally. His medications were noted to include Naprosyn and Vicodin. The treatment plan included a recommendation for an L4 to S1 instrumented fusion and decompression. The most recent clinical note provided for review was dated 02/10/2014. It was noted that the injured worker had been recommended for fusion, but there had been discussion regarding weight loss prior to surgery. It was also noted that he had no activity restrictions and had not been taking as much Vicodin as he had previously. A request was received for a posterior spinal fusion with instrumentation and associated services. However, a specific rationale and the Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

POSTERIOR SPINAL FUSION WITH INSTRUMENTATION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Fusion (spinal).

Decision rationale: According to the California MTUS/ACOEM Guidelines, spinal surgery may only be considered when serious spinal pathology and/or nerve root dysfunction has been unresponsive to at least 3 months of conservative therapy and is obviously due to a herniated disc. Documentation should show: severe and disabling radiating symptoms in a distribution consistent with abnormalities on imaging studies, as well as accompanying objective signs of neural compromise; activity limitations due to radiating extremity pain that have been present for more than 1 month, or an extreme progression of radiating symptoms; clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit from surgical repair; and the failure of at least 3 months of conservative treatment to resolve disabling radicular symptoms. Additionally, the guidelines state that spinal fusion may be considered when there is clear evidence of instability. More specifically, the Official Disability Guidelines state that lumbar spinal fusion should not be considered within the first 6 months of symptoms except when there is evidence of fracture, dislocation, or progressive neurologic loss. The guidelines state that indications for spinal fusion may include: a neural arch defect with spondylolytic spondylolisthesis or congenital neural arch hypoplasia; objectively demonstratable segmental instability; primary mechanical back pain with failure of functional spinal unit and instability; when revision surgery is performed for failed previous operations if significant functional gains are anticipated; when there is infection, tumor, or deformity of the lumbosacral spine that causes intractable pain, neurological deficit, and functional disability; or after the failure of 2 discectomies on the same disc. Additionally, the guidelines state that prior to spinal fusion, all pain generators need to be identified and treated; all physical medicine and manual therapy intervention has been tried and failed; x-rays have demonstrated spinal instability, and MRI or other diagnostic testing has demonstrated disc pathology which has been correlated with symptoms and physical examination findings; the spinal pathology is limited to 2 levels; psychosocial screening has been performed and confounding issues have been addressed; and recommendations have been made for patients who smoke to refrain from smoking for at least 6 weeks prior to surgery and during the period of fusion healing. The injured worker was noted to have low back pain with radiating symptoms in the bilateral lower extremities, as well as decreased motor strength in dorsiflexion and plantarflexion bilaterally, on 12/04/2013. These findings correlate with his MRI findings of spondylolisthesis of L5 on S1 with impingement of the exiting bilateral L5 nerve roots, as well as neural foraminal narrowing at L4-5 and L5-S1. However, an updated clinical note with physical examination findings suggestive of radiculopathy was not provided to establish the injured worker's current clinical presentation. In addition, the injured worker was noted to have been treated with medications. However, there was no documentation showing that he had tried and failed an adequate course of conservative

care with physical therapy, manual therapy, and epidural steroid injections. In addition, he was not shown to have significant activity limitations, as it was noted that he was able to manage his activities well and work without restrictions. Further, the most recent clinical note indicated that his pain was decreasing and he was utilizing less pain medication. Moreover, no electrodiagnostic test results were provided to establish evidence of radiculopathy.

Therefore, despite MRI findings of spondylolisthesis, nerve root involvement, and neural foraminal narrowing at the requested levels, in the absence of recent physical examination evidence of radiculopathy which correlates with MRI findings and documentation showing the failure of conservative treatment as recommended by the guidelines, surgical intervention is not supported. In addition, the injured worker was not shown to meet the preoperative surgical recommendations prior to fusion, as he was not shown to have had all pain generators identified and treated, to have failed all recommended physical medicine and manual therapy interventions, to have had x-rays which demonstrated instability, to have completed a psychosocial screening and had confounding issues addressed, and to have been advised to refrain from smoking prior to the fusion and during the healing period. In the absence of this documentation, the criteria have not been met. Based on the above, the request for a posterior spinal fusion with instrumentation is not medically necessary.

L4-S1 TRANSFORAMINAL LUMBAR INTERBODY FUSION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

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.

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

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.

2 DAY INPATIENT 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

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.

