

Case Number:	CM14-0088828		
Date Assigned:	07/23/2014	Date of Injury:	10/26/2007
Decision Date:	09/09/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/12/2014

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 Orthopaedic 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 53-year-old male school bus driver sustained an industrial injury on 10/28/07. Injury was sustained in a motor vehicle accident when he was thrown from the bus. The psychological evaluation report relative to exam dates 10/28/14 and 3/11/14 indicated a high degree of anxiety about his health, including rumination and depressive symptoms, as well as catastrophizing thoughts. The treatment plan recommended pain coping skills training and pharmacologic therapy for depression and anxiety. A 4/9/14 pain management report indicated the patient had completed psychological evaluation for a spinal cord stimulator trial. The 5/1/14 lumbar spine MRI impression documented lumbar degenerative changes superimposed on a background of congenital canal narrowing. There was mild to moderate canal stenosis L4/5 in part due to grade 1 L4/5 anterolisthesis without spondylosis. There was neuroforaminal narrowing L2/3 through L5/S1, severe on the left at L5/S1. The 5/14/14 treating physician report cited constant 10/10 back and leg/foot pain and numbness. Pain was better with lying down. Physical exam documented severe pain with palpation of the thoracolumbar facets, lumbar intervertebral spaces, and bilateral sacroiliac joints. There were severe palpable trigger points in the low back muscles. Lumbar range of motion was decreased due to severe pain. Motor testing documented 4/5 anterior tibialis and extensor hallucis longus strength and inability to heel/toe walk. Gait was antalgic. Sensation was decreased to light touch. Knee jerk was 1+, ankle jerks were absent. The treating physician reported that the incapacitation was so bad that the patient was unable to make it to the bathroom and soiled himself with urine or feces. The patient had degenerative disc disease and bulging discs at L2/3, L3/4, L4/5, and L5/S1 resulting in severe spinal stenosis at L3/4 and L4/5 and instability at L4/5. The treatment plan was contradictory. The provider stated the patient's condition was disabling but not emergent and recommended optimizing non-operative treatment with 4 to 6 weeks of physical therapy/chiropractic followed by a trial of

epidural steroid injections or facet blocks. Then the provider stated the patient was quite incapacitated with bowel and bladder issues and requested authorization for L3 to L5/S1 posterior spinal decompression with fusion. The 5/30/14 utilization review denied the request for lumbar surgery based on an absence of conservative treatment, no documented segmental instability, and discrepancies in exam findings between the AME and treating physician reports. The AME reportedly did not support surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

L3 to L5 Posterior Spinal Decompression with Instrumentation and Bone Graft: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 202-211.

Decision rationale: The ACOEM Revised Low Back Disorder Guidelines recommend decompression surgery as an effective treatment for patients with symptomatic spinal stenosis (neurogenic claudication) that is intractable to conservative management. Lumbar fusion is not recommended as a treatment for spinal stenosis unless concomitant instability has been proven. The Official Disability Guidelines (ODG) states "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. 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 detailed documentation that recent comprehensive pharmacologic and non-pharmacologic conservative treatment had been tried and failed. There is no radiographic evidence of segmental instability. Psychological clearance for lumbar spine surgery is not evidenced. Therefore, the request for L3 to L5 posterior spinal decompression with instrumentation and bone graft is not medically necessary.