MAXIMUS Federal Services

Case Number:	CM14-0192599		
Date Assigned:	11/26/2014	Date of Injury:	08/25/2010
Decision Date:	01/13/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/18/2014

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 Spine 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 43-year-old female who reported an injury on 08/25/2010. The mechanism of injury occurred while the injured worker was pulling several files into boxes. She felt lower back pain with intermediate radiating to the lower extremities. The diagnoses included disc herniation at the L4-5 and L5-S1, stenosis, and disc degeneration. Prior treatments included Physical Therapy, Acupuncture, and Epidural Steroid Injections along with medication. The medication included Norco. The injured worker rated her pain 6/10 using the VAS. The diagnostics included MRI dated 11/03/2014 that revealed at the L4-5, there was a central subligamentous disc herniation noted. There was effacement of the thecal sac. There was also facet ligamentous hypertrophy. The thecal sac measured approximately 9.7 mm and there was a left lateral recess narrowing seen. Neural foraminal narrowing was not seen. The L5-S1 revealed broad disc bulge noted. There was also facet ligamentous hypertrophy seen. However, there was no spinal stenosis seen, but bilateral lateral recess narrowing was seen. The S1-2 appeared normal. The clinical visit dated 11/03/2014 of the lumbar spine revealed she described her pain as throbbing and moderate and the pain was continuous. The physical evaluation of the lumbar spine revealed coordination/balance was within normal limits, posture was within normal limits, and sensation to touch was normal from the L1 to the S1. Motor function was normal in the hip flexors, knee extensors, ankle dorsiflexors, long toe extensors, and ankle plantar flexors. Reflexes were intact and symmetrical in the knee and ankle. Neurological examination revealed reflexes grossly intact and symmetric sensation intact to touch. The treatment plan was for the injured worker to continue physical therapy and home exercise program along with heat and medication a L4-L5 laminectomy with posterior interbody fusion. The Request for Authorization dated 10/15/2014 was submitted within the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-5, L5-S1 Laminectomy with Posterior Interbody Fusion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back- Lumbar & Thoracic (Acute & Chronic) Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic, Fusion (spinal)

Decision rationale: The request for L4-5 and L5-S1 laminectomy with posterior interbody fusion is not medically necessary. The California MTUS/ACOEM indicate that surgical considerations include severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise. Activity limitations due to radiating leg pain for more than 1 month or extreme progression of lower leg symptoms. Clear clinical, imaging, and electrophysiological evidence of a lesion that has been shown to benefit both the short and long term for surgical repair and failure of conservative treatment to resolve disabling radicular symptoms. If surgery is a consideration, counseling regarding likely outcomes, risks, and benefits and especially, expectations is very important. Patients with acute lower back pain alone, without findings of serious conditions or significant nerve root compromise, rarely benefit from either surgical consultation or surgery. There is no clear indication for surgery; referring the patient to a physical medicine practitioner may help resolve the symptoms. Before referral for surgery, clinicians should consider referral for psychological screen to improve surgical outcomes and possibly including standard tests. The Official Disability Guidelines indicate spinal fusions may include neural arch defects, spondylitis spondylosis, and congenital neural arch hypoplasia. Segmental Instability that is objectively demonstrable. Primary Mechanical Back Pain (i.e., pain aggravated by physical activity)/Functional Spinal Unit Failure/Instability, including one or two level segmental failure with progressive degenerative changes, loss of height, disc loading capability. In Revision surgery for purposes of pain relief must be approach with extreme caution due to less than 50% success rate reported in medical literature. Infection, tumor, or deformity of the lumbosacral spine can cause intractable pain, neurological deficit, and/or functional disability. After failure of 2 discectomies on the same disc, fusion may be an option at the time of the third discectomy which should also meet the Official Disability Guidelines criteria. Preoperative clinical surgical indications for spinal fusion should include all of the following: (1) all pain generators are identified and treated and all physical medicine and manual therapy interventions are completed and x-rays demonstrate spinal stability and/or CT or discography and MRI demonstrating disc pathology correlated with symptoms and exam findings and spine pathology limited to 2 levels and a psychological screen with confounding issued addressed. For any potential fusion surgery, it is recommended that all injured workers refrain from smoking at least 6 weeks prior to surgery and during the period of fusion healing. Review of the documentation stated that the patient is in physical therapy; however, the physical therapy notes were not provided. The documentation did not indicate that the injured worker had failed

conservative treatment. The documentation did not indicate instability. The documentation did not indicate that the injured worker has had prior surgeries prior to the fusion at the requested levels. Additionally, the physical findings did not corroborate with the MRI studies. Therefore, the request is not 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: Low Back-Lumbar & Thoracic (Acute & Chronic) Chapter

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.