

Case Number:	CM14-0193724		
Date Assigned:	12/01/2014	Date of Injury:	03/11/2014
Decision Date:	01/14/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	11/19/2014

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 Fellowship Trained Spine Surgery and is licensed to practice in New Jersey. 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 injury on 03/11/2014. The mechanism of injury was not provided; however, it was noted the injured worker was assisting an in-house client. The injured worker was noted to undergo AP and lateral thoracic and lumbar spine x-rays on 06/02/2014, which revealed a grade 2 anterolisthesis of L5 on S1 with possible bilateral spondylosis of L5. There was no significant instability demonstrated on the flexion and extension views of the thoracic and lumbar spine. The injured worker underwent an MRI of the lumbar spine on 04/09/2014, which revealed severe bilateral foraminal stenosis related to high grade anterolisthesis with bone stress response. There was a small 3 cm subligamentous herniation of L4-5 without mass effect. Prior treatments included physical therapy, occupational therapy, medications, and epidural steroid injections. The documentation indicated the injured worker had failed injections. Surgical history was noncontributory. The MRI revealed at L4-5 there was a 3 mm subligamentous herniation and the central canal was clear. At L5-S1 there was a chronic well corticated pars defect associated with severe anterolisthesis measuring 1.3 cm. The disc was desiccated and markedly narrows, and there was endplate reactive signal changes indicating motion segment instability or stress response. There was severe up/down narrowing of the neural foraminal outlets. The central canal was patent. The most recent documentation was dated 11/05/2014. The injured worker's pain was a 7/10 on the VAS. The documentation indicated the injured worker saw a physician and decided surgery was the only option. Physical examination revealed spinous process tenderness on palpation of the lumbar spine. There was paraspinal muscle tenderness reported in the lumbar spine musculature with tight muscle band palpated and with trigger point. There was decreased flexion and extension. The straight leg raise was positive at 50 degrees in the sitting position. There was no tenderness in the sacroiliac joint. The diagnoses included thoracic/lumbar strain/sprain. The treatment plan included naproxen 500 mg

#60 and that a request for surgical procedure approval was sent. There was no Request for Authorization submitted for review. The injured worker submitted a letter that indicated the rationale for waiting in between procedures was to ensure stability and healing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient LOS (length of stay) 7 days: Stage 1 ALIF (anterior lumbar interbody fusion); Stage 2 L4-S1 PSF (posterior spinal fusion): Upheld

Claims Administrator 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 Chapter, Fusion (spinal)

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 Chapter, Hospital Length of Stay

Decision rationale: The American College of Occupational and Environmental Medicine indicate a surgical consultation may be appropriate for injured workers who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies preferably with accompanying objective signs of neural compromise. There should be documentation of activity limitations due to radiating leg pain for more than 1 month or the extreme progression of lower leg symptoms, and clear clinical, imaging and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair and documentation of a failure of conservative treatment to resolve disabling radicular symptoms. Additionally, there is no good evidence from controlled trials that spinal fusion alone is effective for treating any type of acute low back problem, in the absence of spinal fracture, dislocation, or spondylolisthesis if there is instability and motion in the segment operated on. Clinicians should consider referral for psychological screening to improve surgical outcomes. The clinical documentation submitted for review indicated there was a grade 2 anterolisthesis of L5 on S1 with possible bilateral spondylosis at L5. There was an MRI of the lumbar spine, which revealed findings at L5-S1. The requesting physician note was not provided for review. There was a lack of documentation of a failure of conservative care. There was a lack of documentation indicating a psychological screening as the documentation indicated the request was to be performed in 2 hospital procedures. There was a lack of documentation of a psychological screening. There were no findings at the level of L4-5. Additionally, the hospital length of stay for an anterior and posterior fusion is 3 days. This procedure is generally performed at 1 time as a 360 degree fusion. There was a lack of physician documentation indicating a necessity for it to be staged in 2 stages. The injured worker stated the rationale, however, the physician failed to indicate the rationale. Given the above, the request for inpatient LOS (length of stay) 7 days: stage 1 ALIF (anterior lumbar interbody fusion); stage 2 L4-S1 PSF (posterior spinal fusion) is not medically necessary.