

Case Number:	CM14-0200023		
Date Assigned:	12/10/2014	Date of Injury:	07/22/2013
Decision Date:	01/26/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	12/01/2014

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 Spine Surgery and is licensed to practice in New York. 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 workers sustained a work related injury on July 22, 2013, while stacking boxes onto a cart and bringing them in the store, developing pain and spasm in the back with numbness in the leg. The injured worker received left L4 and L5 transforaminal selective nerve root blocks on March 28, 2014, and foraminal nerve root block at L4 and L5 on September 9, 2014. The injured worker's other conservative treatments were noted to include physical therapy; oral and topical medications, a lumbar corset, home exercise program, and heat/ice applications. A lumbar spine MRI dated August 9, 2013, was noted to show degenerative disc disease with the lumbar spine particularly at L3-L4 and L4-L5, a 2-3 millimeter broad based disc bulge at L3-L4, and a 4 millimeter diffuse disc bulge/osteophyte complex at L4-L5 with mild foraminal narrowing bilaterally. The Primary Treating Physician's report dated October 27, 2014, noted the injured worker with constant aching/shooting low back and left lateral hip pain, rated 4/10. Physical examination was noted to show the lumbar spine with mild tenderness on palpation. The Physician noted the primary diagnosis as lumbar herniated nucleus pulposus (HNP), pain, radiculopathy, sprain, and /sciatica. The Physician requested authorization for an anterior lumbar interbody fusion at L4 to L5, gill laminectomy at L4-L5, posterior fusion at L4 to L5, artificial disc replacement at L3 to L4, and preoperative medical clearance. On November 10, 2014, Utilization Review evaluated the request for an anterior lumbar interbody fusion at L4 to L5, gill laminectomy at L4-L5, posterior fusion at L4 to L5, artificial disc replacement at L3 to L4, and preoperative medical clearance, citing the MTUS American College of Occupational and Environmental Medicine (ACOEM) Guidelines, Low Back Complaints, the Official Disability Guidelines (ODG), Low Back updated October 28, 2014, and <http://www.guideline.gov/content.aspx?id=48408> for Perioperative protocols. The UR Physician noted the injured worker was suffering from discogenic back pain and there was no evidence in

the literature to suggest that doing a lumbar disc replacement above a lumbar fusion was an elective option for treating lower back pain. The UR Physician also noted the injured worker did not have a documented psychosocial screen evaluation as required by guidelines. The UR Physician noted that based on the clinical information submitted for review, and using the evidence based, peer-reviewed guidelines, the request for an anterior lumbar interbody fusion at L4 to L5, gill laminectomy at L4-L5, posterior fusion at L4 to L5, artificial disc replacement at L3 to L4, and preoperative medical clearance was non-certified. The decision was subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gill Laminectomy at L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Laminectomy/laminotomy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS Low back pain chapter pages 305 through 322, ODG Low back pain chapter

Decision rationale: This patient does not meet establish criteria for Gill laminectomy at L4-5. Specifically, the medical records do not show clear correlation between MRI imaging studies and physical examination showing specific radiculopathy. There are no red flag indicators for spinal decompressive surgery such as fracture or tumor. Gill laminectomy decompressive surgery is not medically necessary. In addition, gill laminectomy has a high failure rate and off and results in instability when performed along. Fusion surgery is also not medically necessary in this case as criteria are not met.

Posterior Spinal Fusion (PSF) at L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Fusion (spinal)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS Low back pain chapter pages 305 through 322

Decision rationale: The medical records do not document specific instability in the lumbar spine. There is no documentation of flexion extension views showing greater than 5 mm of motion any lumbar level. There are no red flag indicators for spinal fusion surgery such as fracture tumor or progressive neurologic deficit. Lumbar fusion surgery not medically necessary.

Artificial Disc Replacement at L3-L4: 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 ODG Lumbar back chapter

Decision rationale: Artificial disc replacement surgery remains experimental in the lumbar spine. FDA criteria are for single level artificial disc replacement indications that have only single level degeneration. This patient has multiple levels of disc degeneration an MRI. In addition artificial disc replacement is experimental and combined with fusion. Artificial disc replacement is not medically necessary in this case. This patient has contraindications artificial disc replacement in the form of multiple levels of degeneration. Artificial disc is experimental and combined with fusion and when done with multiple levels of degeneration in the lumbar spine.

Anterior Lumbar Interbody Fusion (ALIF) at L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fusion (spinal)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS Low back pain chapter pages 305 through 322

Decision rationale: This patient does not meet establish criteria for lumbar spinal fusion surgery. Specifically there is no documentation of instability fracture or tumor. There is no documentation of any red flag indicators for spinal fusion surgery such as progressive neurologic deficit. Lumbar fusion surgery is not medically necessary.

Pre-operative medical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.guideline.gov/content.aspx?id=48408>, Perioperative protocol. Health care protocol

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.