

Case Number:	CM14-0202884		
Date Assigned:	12/15/2014	Date of Injury:	09/02/1998
Decision Date:	02/04/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	12/04/2014

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 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 67-year-old male who reported an injury of an unspecified mechanism on 04/22/2000. His diagnoses included lumbar spondylosis, degenerative spondylolisthesis, lumbar radiculitis, and lumbar degenerative disc disease. He was status post L5-S1 microdiscectomy on 12/10/2013. His complaints included left buttock pain and loss of strength in his left calf, impairing his ability to walk. His lumbar ranges of motion elicited pain in all fields. He was unable to heel/toe walk. An MRI of the lumbar spine on 10/21/2014, revealed straightening of the lumbar spine, which may have been positional or related to spasm. The conus medullaris was in normal position. The lumbar vertebral body heights were preserved. At T12 through L3, there was disc desiccation and patent neural foramina. Some degenerative changes were noted. At L3-4, there was marked disc desiccation and space height loss, along with anterior osteophytosis consistent with degenerative disc disease. There was mild bilateral lateral recess, and mild narrowing, of the inferior recess of the bilateral neural foramina. At L4-5, there was evidence of a posterior fusion. At L5-S1, there was disc desiccation and disc space height loss consistent with degenerative disc disease. There was suggestion of a previous laminectomy. There were 2 mm of anterolisthesis of L5 on S1. There was a 5 to 6 mm asymmetric broad based disc bulge with prominence towards the right. There were degenerative changes of the facet joints. There was mild effacement of the anterior thecal sac, and moderate bilateral lateral recess stenosis. There was moderate to severe left and moderate right neural foraminal stenosis. The MRI was grossly unchanged from the previous MRI of 01/15/2014. X-rays taken during the examination on 10/28/2014, showed vertical height loss upon left lateral bending at L5-S1, as well as sacroiliac degeneration. The rationale for the requested surgery was that it was based on radiculopathy, progressive radiculopathy from significant neural compression, and instability. There was no Request for Authorization in the worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

One level lateral anterior lumbar interbody fusion, cage instrumentation allograft/autograft at L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307, 310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar & Thoracic, Spinal Fusion.

Decision rationale: The request for 1 level lateral anterior lumbar interbody fusion, cage instrumentation allograft/autograft at L5-S1 is not medically necessary. The CA MTUS/ACOEM Guidelines note that low back surgery is considered only when serious spinal pathology or nerve root dysfunction not responsive to conservative therapy is detected. Disc herniation may impinge on a nerve root, causing irritation, back and neck symptoms, and nerve root dysfunction. The presence of a herniated disc on an imaging study, however, does not necessarily imply nerve root dysfunction. Studies of asymptomatic adults commonly demonstrate intervertebral disc herniation that apparently does not cause symptoms. Except for cases of trauma related spinal fracture or dislocation, fusion of the spine is not usually considered during the first 3 months of symptoms. Patients with increased spinal instability after surgical decompression at the level of degenerative spondylolisthesis may be candidates for fusion. There is no scientific evidence about the long term effectiveness of any form of surgical decompression or fusion for degenerative lumbar spondylosis compared with natural history, placebo, or conservative treatment. There is no good evidence from controlled trials that spinal fusion alone is effective for treating any type of acute low back problems in the absence of spinal fracture, dislocation, or spondylolisthesis if there is instability and motion in the segments operated on. It is important to note that although it is being undertaken, lumbar fusion in patients with other types of low back pain very seldom cures the patient. The Official Disability Guidelines note that preoperative surgical indications for spinal fusion should include all of the following: 1) all pain generators are identified and treated; and, 2) all physical medicine and manual therapy interventions are completed; and, 3) x-rays demonstrating spinal instability and/or myelogram, CT myelogram, or discography and MRI demonstrating disc pathology correlated with symptoms and exam findings; and, 4) spine pathology limited to 2 levels; and, 5) psychological screen with confounding issues addressed. The lumbar spine x-rays on this injured worker did not show any spinal instability. There were no records of physical therapy or chiropractic intervention. There was no evidence of psychosocial screening. Additionally, the request did not specify laterality of the proposed surgery. The clinical information submitted failed to meet the evidence based guidelines for the requested surgery. Therefore, this request for 1 level lateral anterior lumbar interbody fusion, cage instrumentation allograft/autograft at L5-S1 is not medically necessary.

Vascular surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back 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.