

Case Number:	CM14-0203627		
Date Assigned:	12/16/2014	Date of Injury:	06/25/2001
Decision Date:	02/09/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/05/2014

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 58-year-old female who reported an injury of unspecified mechanism on 06/25/2001. On 07/22/2014, her diagnoses included status post multiple lumbar fusions, lumbar discogenic disease, chronic low back pain, status post bilateral plantar fascial releases, status post bilateral tarsal tunnel releases, and instability spondylolisthesis at L2-3, grade 2. Her complaints included chronic low back pain and bilateral hip pain. She had a positive straight leg raising test on the left at 60 degrees, positive Lasgue's sign, spasms, and decreased sensation at the L5-S1 dermatome on the left. Her treatment plan included a recommendation for revision surgery extension fusion to L2-3. She stated that her medications relieved her pain by approximately 75%. An MRI of the lumbar spine on 11/01/2013 revealed grade 2 anterolisthesis of L2-3 with no evidence of pars defect, disc desiccation at L2-3 with associated loss of disc height, and pseudodisc herniation at L2-3 which caused stenosis of the spinal canal and bilateral neural foramen. Additionally, there were postsurgical changes at L3-S1. There was no rationale or Request for Authorization included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior Posterior Lumbar Spinal Fusion L2-3 Neuromonitoring: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305 and 306.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 305-307 and 310.

Decision rationale: The request for Anterior Posterior Lumbar Spinal Fusion L2-3 Neuromonitoring is not medically necessary. The California ACOEM Guidelines note that 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 herniations that apparently do not cause symptoms. Some studies show spontaneous disc resorption without surgery, while others suggest that pain may be due to irritation of the dorsal root ganglion by inflammogens released from a damaged disc in the absence of anatomical evidence of direct contact between neural elements and disc material. Therefore, referral for surgical consultation is indicated for patients who have 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 limitation due to radiating leg pain for more than 1 month or extreme progression of lower leg symptoms, 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 failure of conservative treatment to resolve disabling radicular symptoms. Before referral for surgery, clinicians should consider referral for psychological screening to improve surgical outcomes, possibly including standardized tests such as the MMPI 2. With or without surgery, more than 80% of patients with apparent surgical indications eventually recover. Although surgery appears to speed short to midterm recovery, surgical morbidity and complications must be considered. Surgery benefits fewer than 40% of patients with questionable physiologic findings. Moreover, surgery increases the need for future surgical procedures with higher complication rates. 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 problem, in the absence of spinal fracture, dislocation, or spondylolisthesis if there is instability and motion in the segment operated on. The submitted MRI did not reveal evidence of a lesion that could benefit from surgical repair. There were no electrophysiologic studies submitted for review. There were no x-rays showing spinal instability. There were no reports of psychological screening prior to the proposed surgery. Given the lack of documentation as outlined above, there is insufficient information at this time to support the requested procedure. Therefore, this request for Anterior Posterior Lumbar Spinal Fusion L2-3 Neuromonitoring is not medically necessary.

Medical Clearance: Upheld

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

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.

LOS 3 Days: Upheld

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

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.

Assistant: Upheld

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

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.