

Case Number:	CM15-0135010		
Date Assigned:	07/23/2015	Date of Injury:	12/09/2011
Decision Date:	08/21/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/13/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 51-year-old female who sustained an industrial injury on 12/9/11. Injury occurred when she was lifting a box with onset of thoracic and lumbosacral pain. Past surgical history was positive for bilateral knee surgery and left wrist surgery. Conservative treatment included physical therapy, medications, chiropractic care, home exercise program, and activity modification. The 4/4/13 lumbar spine x-rays documented bilateral spondylolysis of the pars interarticularis at L5 accompanied by moderately severe disc disease, disc space narrowing, and grade 1 spondylolisthesis that measures 7-8 mm. The amount of spondylolisthesis did not change appreciably during extension or flexion, or when in a recumbent position. The 12/21/13 lumbar spine MRI impression documented grade 1 anterior spondylolytic spondylolisthesis of L5 on S1 due to pars defect at L5/S1. At L5/S1, there was a pseudo-disc bulge measuring 5.5 mm in pre-axial loading 5.5 mm in post axial loading, and causing spinal canal and bilateral neuroforaminal stenosis. There were posterior annular fissures noted at L4/5 and L5/S1. There was a hemangioma in the L4 vertebral body. There was disc desiccation from L3/4 to L5/S1. Records documented multiple requests over the past several years for spinal fusion at the L4/5 to L5/S1 levels. The 6/8/15 treating physician report cited constant severe low back pain radiating to both legs. Additional complaints included neck pain radiating to shoulders, bilateral shoulder and wrist pain, and bilateral knee pain radiating to the lower leg and foot. She also complained of depression and anxiety. The thoracolumbar spine exam documented thoracolumbar paravertebral muscle tenderness and spasms, bilateral sacroiliac joint tenderness, pain with Kemp's test, and positive straight leg raise. Dermatomal sensation was intact over the lower extremities. Deep

tendon reflexes were +2 and symmetrical over the lower extremities. The treatment plan recommended follow-up with the neurosurgeon. Authorization was requested by the neurosurgeon on 6/4/15 for posterior lumbar spinal fusion at L4/5 and L5/S1 for correction of lumbar spine deformity and associated inpatient hospitalization for 2 days. The 6/25/15 utilization review non-certified the request for posterior lumbar spinal fusion at L4/5 and L5/S1 for correction of lumbar spine deformity and associated length of stay as there was no evidence of a neurologic deficit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Posterior lumbar spinal fusion at L4-L5, L5-S1 correction of lumbar spinal deformity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/9091277>.

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 Lumbar & Thoracic: Fusion (spinal).

Decision rationale: The California MTUS guidelines indicate that lumbar spinal fusion may be considered for patients with increased spinal instability after surgical decompression at the level of degenerative spondylolisthesis. Guidelines state there is no good evidence that spinal fusion alone was effective for treating any type of acute low back problem, in the absence of spinal fracture, dislocation, or spondylolisthesis if there was instability and motion in the segment operated on. Before referral for surgery, consideration of referral for psychological screening is recommended to improve surgical outcomes. The Official Disability Guidelines (ODG) recommend lumbar spinal fusion as an option for patients with ongoing symptoms, corroborating physical findings and imaging, and after failure of non-operative treatment (unless contraindicated e.g. acute traumatic unstable fracture, dislocation, spinal cord injury) for spondylolisthesis (isthmic or degenerative) with at least one of the following: instability, and/or symptomatic radiculopathy, and/or symptomatic spinal stenosis. Pre-operative clinical surgical indications include all of the following: (1) all physical medicine and manual therapy interventions are completed with documentation of reasonable patient participation with rehabilitation efforts including skilled therapy visits, and performance of home exercise program during and after formal therapy. Physical medicine and manual therapy interventions should include cognitive behavioral advice (e.g. ordinary activities are not harmful to the back, patients should remain active, etc.); (2) X-rays demonstrating spinal instability and/or myelogram, CT-myelogram, or MRI demonstrating nerve root impingement correlated with symptoms and exam findings; (3) Spine fusion to be performed at one or two levels; (4) Psychosocial screen with confounding issues addressed; the evaluating mental health professional should document the presence and/or absence of identified psychological barriers that are known to preclude post-operative recovery; (5) For any potential fusion surgery, it is recommended that the injured worker refrain from smoking for at least six weeks prior to surgery and during the period of

fusion healing; (6) There should be documentation that the surgeon has discussed potential alternatives, benefits and risks of fusion with the patient. Guideline criteria have not been fully met. This injured worker presents with chronic lower back pain radiating to both legs. History was positive for depression and anxiety. Evidence of long-term reasonable and/or comprehensive non-operative treatment and failure has been submitted. There is imaging evidence of grade 1 spondylolisthesis at L5/S1 with pars defects. There is no imaging evidence of spinal segmental instability or nerve root compression at the L4/5 level. Current clinical exam suggests a normal neurologic exam. There are potential psychological issues with no evidence of a psychosocial assessment. Therefore, this request is not medically necessary at this time.

Associated surgical service: Inpatient hospitalization for 2 day: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Lumbar & Thoracic: Hospital length of stay (LOS).

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.