

Case Number:	CM15-0144548		
Date Assigned:	08/05/2015	Date of Injury:	11/01/2007
Decision Date:	09/21/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/27/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 48-year-old female who sustained an industrial injury on November 1, 2007 resulting in low back pain. She was diagnosed with lumbar degenerative disc disease and radiculopathy of the lower extremities. Documented treatment has included physical therapy with report of no benefit, lumbar epidural injections with minimal relief, chiropractic treatments with report of being ineffective, and medication. The injured worker continues to report severe low back pain and lower extremity weakness including lower extremity numbness and tingling, and dragging her foot. The treating physician's plan of care includes L5-S1 anterior lumbar interbody fusion with inpatient stay. Current work status is not addressed in documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 anterior lumbar interbody fusion: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Lumbar surgical considerations + ODG Lumbar spine.

MAXIMUS 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 - Lumbar & Thoracic (Acute & Chronic) Chapter, under Fusion (spinal).

Decision rationale: The patient presents with low back pain radiating to the bilateral legs and bilateral feet. The request is for L5-S1 ANTERIOR LUMBAR INTERBODY FUSION. The request for authorization is dated 06/01/15. MRI of the lumbar spine, 04/28/15, shows at L4-5, there is a 3.6 mm bulging disc and facet hypertrophy, this causes mild-to-moderate canal and bilateral foraminal stenosis; at L5-S1, there is a 3 mm bulging disc and facet hypertrophy, this causes mild canal and moderate bilateral foraminal stenosis. Physical examination reveals strength is 5/5 in the bilateral lower extremities with sensation intact. Deep tendon reflexes are 2+ in the bilateral patellar tendons. There is no clonus present. She indicates that she is having some trouble with bladder incontinence. The patient has undergone physical therapy without benefit and lumbar epidural injections with minimal benefit in addition to chiropractic therapy without benefit. The patient's work status is not provided. ODG-TWC Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, under Fusion (spinal) Section states, "Recommended as an option for spondylolisthesis, unstable fracture, dislocation, acute spinal cord injury with post-traumatic instability, spinal infections with resultant instability, scoliosis, Scheuermann's kyphosis, or tumors, as indicated in the Blue Patient Selection Criteria below. Not recommended in workers' compensation patients for degenerative disc disease (DDD), disc herniation, spinal stenosis without degenerative spondylolisthesis or instability, or nonspecific low back pain, due to lack of evidence or risk exceeding benefit. Patient Selection Criteria for Lumbar Spinal Fusion:(A) Recommended as an option for the following conditions 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) subject to criteria below: (1) Spondylolisthesis (isthmic or degenerative) with at least one of these: (a) instability, and/or (b) symptomatic radiculopathy, and/or (c) symptomatic spinal stenosis; (2) Disc herniation with symptomatic radiculopathy undergoing a third decompression at the same level; (3) Revision of pseudoarthrosis (single revision attempt); (4) Unstable fracture; (5) Dislocation; (6) Acute spinal cord injury (SCI) with post-traumatic instability; (7) Spinal infections with resultant instability; (8) Scoliosis with progressive pain, cardiopulmonary or neurologic symptoms, and structural deformity; (9) Scheuermann's kyphosis; (10) Tumors.(B) Not recommended in workers' compensation patients for the following conditions: (1) Degenerative disc disease (DDD); (2) Disc herniation; (3) Spinal stenosis without degenerative spondylolisthesis or instability; (4) Nonspecific low back pain. ACOEM chapter 12, p 307 states, "E. Spinal Fusion Except for cases of trauma-related spinal fracture or dislocation, fusion of the spine is not usually considered during the first three months of symptoms. Patients with increased spinal instability (not work-related) 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. 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. A recent study has shown that only 29% assessed themselves

as much better in the surgical group versus 14% much better in the non-fusion group (a 15% greater chance of being much better) versus a 17% complication rate (including 9% life-threatening or reoperation). Per progress report dated 05/14/15, treater's reason for the request is "[Patient] is with Modic changes and neural foraminal stenosis at L5-S1. In addition, she has L4-L5 degenerative disc disease. The patient is in quite a bit of distress, as I believe this would provide her with significant benefit." In this case, this patient continues with ongoing low back symptoms with documented failure of non-operative treatments such as physical therapy and chiropractic treatments. However, review of provided medical records show no documentation or indication the patient presents with any of the required guideline criteria for a Lumbar Fusion, such as Spondylolisthesis, Unstable fracture, Dislocation or Tumors. In fact, treater's assessment of the patient include degenerative disc disease and spinal stenosis without degenerative spondylolisthesis or instability, which ODG guidelines specifically states, "Not recommended in workers' compensation patients for the following conditions." Therefore, the request is not medically necessary.

Inpatient stay (no duration specified): 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), lumbar disc disorders.

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 (Acute & Chronic) Chapter, under Hospital length of stay (LOS).

Decision rationale: The patient presents with low back pain radiating to the bilateral legs and bilateral feet. The request is for inpatient stay (no duration specified). The request for authorization is dated 06/01/15. MRI of the lumbar spine, 04/28/15, shows at L4-5, there is a 3.6 mm bulging disc and facet hypertrophy, this causes mild-to-moderate canal and bilateral foraminal stenosis; at L5-S1, there is a 3 mm bulging disc and facet hypertrophy, this causes mild canal and moderate bilateral foraminal stenosis. Physical examination reveals strength is 5/5 in the bilateral lower extremities with sensation intact. Deep tendon reflexes are 2+ in the bilateral patellar tendons. There is no clonus present. She indicates that she is having some trouble with bladder incontinence. The patient has undergone physical therapy without benefit and lumbar epidural injections with minimal benefit in addition to chiropractic therapy without benefit. The patient's work status is not provided. ODG-TWC Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, under Hospital length of stay (LOS) Section states, "Recommend the median length of stay (LOS) based on type of surgery, or best practice target LOS for cases with no complications. Lumbar Fusion, anterior (icd 81.06 - Lumbar and lumbosacral fusion, anterior technique) Actual data - median 3 days; mean 4.2 days (0.2); discharges 33,521; charges (mean) \$110,156 - Best practice target (no complications) - 3 days." Treater does not discuss the request. In this case, it appears the request for Inpatient Stay is for the patient following her back surgery. However, the request for Anterior Lumbar Interbody Fusion has not been authorized. Therefore, the request is not medically necessary.