

Case Number:	CM15-0169901		
Date Assigned:	09/10/2015	Date of Injury:	10/02/2008
Decision Date:	10/13/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	08/28/2015

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 52-year-old female who sustained an industrial injury on 10/02/08. Injury occurred relative to a motor vehicle accident involving the fatality of her passenger. This injured worker has a significant psychological history, with severe depression and suicidal thoughts. Surgery had previously been recommended but the injured worker was felt to be emotionally unstable with poor understanding of the issues. The 6/15/15 psychological report indicated that the injured worker was emotionally capable of tolerating lumbar fusion. Records indicated a prior history of smoking, but the 3/27/15 agreed medical examiner report indicated the patient had quit smoking in 2014. The 7/30/15 treating physician report cited severe back pain radiating into both thighs. She got around using a motorized scooter, walking only from room to room. She was best sitting. She was bent over and could easily touch her toes. She walked in a flexed posture with extension very limited by spasms. There was diminished bilateral L5 sensation, right greater than left. She was able to get up on her toes and heels, with no foot drop. Imaging showed L4/5 anterolisthesis with severe spinal stenosis and no pars defect. X-rays showed an 8 mm slip at L4/5 that increased to 11 mm on flexion, and a retrolisthesis at L3/4. The diagnosis was unstable L4/5 spondylolisthesis and stenosis with lesser findings at L3/4. Updated lumbar MRI was recommended. Authorization was requested for inpatient anterior and posterior L3-L5 decompression and fusion with associated 3-day hospital stay and pre-operative clearance. The 8/13/15 utilization review non-certified the anterior and posterior L3-L5 decompression and fusion and associated surgical requests as formal imaging reports were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient Anterior and Posterior L3-L5 Decompression/Fusion: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Lumbar & Thoracic, Discectomy/Laminectomy, Fusion (spinal).

Decision rationale: The California MTUS recommend surgical consideration when there is severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise. Guidelines require clear clinical, imaging and electrophysiologic evidence of a lesion that has been shown to benefit both in the short term and in long term from surgical repair. The guidelines recommend that clinicians consider referral for psychological screening to improve surgical outcomes. The Official Disability Guidelines recommend criteria for lumbar discectomy that include symptoms/findings that confirm the presence of radiculopathy and correlate with clinical exam and imaging findings. Guideline criteria include evidence of nerve root compression, imaging findings of nerve root compression, lateral disc rupture, or lateral recess stenosis, and completion of comprehensive conservative treatment. The Official Disability Guidelines do not recommend lumbar fusion for patients with degenerative disc disease, disc herniation, spinal stenosis without degenerative spondylolisthesis or instability, or non-specific low back pain. Fusion may be supported for segmental instability (objectively demonstrable) including excessive motion, as in isthmic or degenerative spondylolisthesis, surgically induced segmental instability and mechanical intervertebral collapse of the motion segment and advanced degenerative changes after surgical discectomy. Spinal instability criteria includes lumbar inter-segmental translational movement of more than 4.5 mm. Pre-operative clinical surgical indications require completion of all physical therapy and manual therapy interventions, x-rays demonstrating spinal instability and/or imaging demonstrating nerve root impingement correlated with symptoms and exam findings, spine fusion to be performed at 1 or 2 levels, psychosocial screening with confounding issues addressed, and smoking cessation for at least 6 weeks prior to surgery and during the period of fusion healing. Guideline criteria have been met. This injured worker presents with severe low back pain radiating into both thighs. There is significant functional limitation. Clinical exam findings are consistent with reported imaging evidence of plausible nerve root compromise. Evidence of reasonable and/or comprehensive non-operative treatment and failure has been submitted. There is reported radiographic evidence of spondylolisthesis with spinal segmental instability at the L4/5 level on flexion and extension x-rays. Stabilization of the proximal level at L3/4 would be required to support the instability at L4/5. There is evidence that psychological clearance has been given for lumbar fusion. Smoking cessation consistent with guidelines has been documented. Therefore, this request is medically necessary at this time.

Associated surgical service: 3 Day Stay in Hospital: Overturned

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: The California MTUS does not provide hospital length of stay recommendations. The Official Disability Guidelines recommend the median length of stay (LOS) based on type of surgery, or best practice target LOS for cases with no complications. The recommended median and best practice target for anterior or posterior lumbar fusion is 3 days. Guideline criteria have been met for an inpatient stay up to 3 days. Therefore, this request is medically necessary.

Pre-Operative Clearance: Overturned

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 Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2010 Jun. 40 p.

Decision rationale: The California MTUS guidelines do not provide recommendations for pre-operative medical clearance. Evidence based medical guidelines indicate that a basic pre-operative assessment is required for all patients undergoing diagnostic or therapeutic procedures. Middle-aged females have known occult increased medical/cardiac risk factors. Guideline criteria have been met based on patient age, magnitude of surgical procedure, recumbent position, fluid exchange and the risks of undergoing anesthesia. Therefore, this request is medically necessary.