MAXIMUS Federal Services

Case Number:	CM15-0193783		
Date Assigned:	10/07/2015	Date of Injury:	05/27/2014
Decision Date:	11/16/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	10/02/2015

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 43-year-old male who sustained an industrial injury on 5/27/14. The mechanism of injury was not documented. Past surgical history was positive for an L5/S1 discectomy and fusion in 1993. The 2/11/15 spine surgery report documented review of imaging comparing previous lumbar MRI from October 2014 and recent pelvic MRI on 2/23/15. There were some sacroiliac arthrosis changes. There was artifact in the L5/S1 disc space suggesting a previous surgery, but there did not appear to be bone growth across the disc space, which suggested a pseudoarthrosis. There was EMG evidence of chronic bilateral L5 and possible S1 radiculopathies without acute denervation. The treatment plan recommended continued conservative treatment, as he did not have any neurologic deficits. He was referred for pain management. The 5/14/15 treating physician report cited worsening left leg weakness and urinary incontinence. He reported that he was falling twice a month now. As the injured worker went to leave he fell to the floor stating that his left leg gave out on him. Urgent neurologist referral was recommended. The 6/23/15 lumbar spine CT scan impression documented multilevel lumbar degenerative disc disease, stable from 10/2/14. There was borderline minimal canal stenosis at L3/4 and multilevel foraminal narrowing. There was grade 1 retrolisthesis at L3 over L4, stable since 10/2/14 with no evidence of spondylosis. There was mild lumbar dextroscoliosis. The exam was reported negative for disc extrusion. Findings documented annular bulging at L5/S1 with remote right sided laminectomy defect. There was bilateral facet hypertrophy. There was no disc extrusion or central canal stenosis. There was mild left sided foraminal narrowing. There was metallic wire surrounding the posterior elements

at L5/S1. The 7/21/15 physical therapy progress report indicated that the injured worker had completed 25 visits with grade 7/10 low back pain radiating into the left buttocks down to the ankle and lateral toes with numbness and tingling, and right leg cramps and occasional giving out. He reported symptoms were worsening with difficulty completing activities of daily living. Relief was reported with trunk flexion and leaning to the left. He had occasional bowel and bladder incontinence which the urology consultant felt may have been related to medications. His Oswestry score was worsening. Physical exam documented antalgic gait pattern with slow cadence, decreased L3 and L4 dermatomal sensation, positive Slump test bilaterally, and positive bilateral nerve tension signs. There was 4-/5 left hip flexion, knee flexion, and ankle eversion weakness. The injured worker got short-term relief from physical therapy sessions for a couple of days. Additional therapy was recommended pending a possible surgery. The 8/19/15 spine surgery report cited persistent severe low back pain across the lumbosacral junction, worse on the left. Physical exam documented non-antalgic and non-myelopathic gait and 5/5 lower extremity strength. Imaging showed some disc protrusions at L3/4 and L4/5 along with neuroforaminal stenosis at both levels. The lumbar CT scan showed only a very small amount of interbody bone at the posterior portion of the disc space. The overall fusion suggests possible pseudoarthrosis. Conservative treatment had included medications, physical therapy, activity modification, and TENS unit. The injured worker indicated that he could no longer live like this and wished to consider surgery. Authorization was requested for anterior and posterior spinal fusion at L5/S1 with instrumentation and a 3-day hospital stay. The 9/9/15 utilization review non-certified the requests for anterior and posterior spinal fusion at L5-S1 with instrumentation and 3-day hospital stay as there was no clear evidence of a pseudoarthrosis or instability at the L5/S1 level, no physical evidence of radiculopathy, and no comprehensive discussion of previous conservative treatment and response.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior and posterior spinal fusion at L5-S1 with instrumentation for the lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Assessment. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter - Fusion, Discectomy/laminectomy.

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: Fusion (spinal).

Decision rationale: The California MTUS do not provide recommendations for lumbar fusion for pseudoarthrosis. The Official Disability Guidelines recommend revision surgery for failed previous fusion at the same disc level if there are ongoing symptoms and functional limitations that have not responded to non-operative care; there is imaging confirmation of pseudoarthrosis and/or hardware breakage/malposition; and significant functional gains are reasonably expected. 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 persistent severe low back pain across the lumbosacral junction, worse on the left. Records documented worsening difficulty with activities of daily living and weakness resulting in falls. He is status post remote L5/S1 fusion. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Clinical exam findings are consistent with reported imaging evidence of pseudoarthrosis at the L5/S1 level and electrodiagnostic evidence of chronic L5 and S1 radiculopathy. There is no evidence of psychosocial issues to be addressed. Therefore, this request is medically necessary.

Associated surgical services: Hospital stay for three (3) days: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter - Hospital length of stay (LOS).

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 inpatient length of stay up to 3 days. Therefore, this request is medically necessary.