

Case Number:	CM15-0196152		
Date Assigned:	10/07/2015	Date of Injury:	03/21/2012
Decision Date:	10/09/2015	UR Denial Date:	09/04/2015
Priority:	Expedited	Application Received:	10/06/2015

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 34-year-old male who sustained industrial injury on 3/21/12. Injury occurred when he was lowering a large storage rack with onset of low back pain and right lower extremity pain. He underwent L5/S1 transforaminal lumbar interbody fusion on 12/10/14. The 8/13/15 lumbar CT scan post myelogram impression documented a stable posterior fusion of L5/S1 with no evidence of spinal canal stenosis. There was stable minimal posterior bulging of the L4/5 intervertebral disc with no spinal canal stenosis. The 8/18/15 treating physician report indicated that the injured worker was 8 months status post minimally invasive L5/S1 lumbar fusion with interbody spacer. His right lower extremity pain had improved dramatically with no hypersensitivity. He was walking better with no foot drop and strength had significantly improved. His main complaint was debilitating back pain with any sort of activity. He had a long history of opiate use of pain control and pain management was a challenge. The CT scan showed the pedicle screws were well placed with no cortical breach of bone within the pedicle or the vertebral body. The pedicle screws were not violating the facet joints. The interbody implant at L5/S1 was fused to the superior endplate of S1, however there was a lucency between the interbody implant and the inferior endplate of L5 consistent with a non-union. There were no neural structures being impinged at L5/S1. Physical exam documented normal gait, lumbar spine tenderness, restricted and painful lumbar range of motion, and negative straight leg raise. Neurologic exam documented decreased right L5 and S1 dermatomal sensation, 4/5 right extensor hallucis longus weakness, and 1+ right ankle reflex. The diagnosis was pseudoarthrosis of the lumbar spine. Back pain was increasing and aggravated with movement or activity. The

treatment plan recommended revision surgery to remove the interbody implant and replace it with a larger footprint implant and osteo-conductive and osteo-inductive factors to promote fusion. The injured worker was a cigarette smoker which put him at high risk for non-union. Smoking cessation as recommended. Authorization was requested for anterior lumbar interbody revision fusion at L5/S1, after removal of hardware at that site. The 9/4/15 utilization review non-certified the request for anterior lumbar interbody fusion revision fusion L5/S1 pending documentation of smoking cessation. Records indicated that the patient was not tolerating Methadone and had failed trials of Percocet, OxyContin, Oxycodone, fentanyl patch, Tramadol, Dilaudid, Flexeril, and Cymbalta. Specialty referral for Suboxone prescription had been recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior lumbar interbody revision/fusion L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Fusion.

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, Low Back-Lumbar & Thoracic: Fusion (spinal).

Decision rationale: The California MTUS does not provide recommendations for revision lumbar fusion. 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. Revision surgery for purposes of pain relief must be approached with extreme caution due to the less than 50% success rate reported in medical literature. Workers compensation and opioid use may be associated with failure to achieve minimum clinically important difference after revision for pseudoarthrosis. 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. (2) X-rays demonstrating spinal instability and/or imaging 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. Guideline criteria have not been met. This injured worker presents with persistent debilitating low back pain, status post L5/S1 transforaminal lumbar interbody fusion. There is reported imaging evidence of pseudoarthrosis at L5/S1. There is no evidence of hardware loosening or failure. Clinical exam findings are consistent with L5 and S1

radiculopathy. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. However, this patient is a current every day smoker, and there is no evidence of smoking cessation consistent with guidelines. Additionally, there is evidence of chronic opiate dependence with significant challenges in pain management and no evidence of a psychosocial screen. Therefore, this request is not medically necessary at this time.