

Case Number:	CM15-0196309		
Date Assigned:	10/09/2015	Date of Injury:	06/26/1997
Decision Date:	11/23/2015	UR Denial Date:	09/16/2015
Priority:	Standard	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: Minnesota, Florida

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:

According to the primary treating physician's progress report dated August 14, 2015 the injured worker is a 57-year-old female with a date of injury of 6/26/1997. She complains of chronic low back pain and bilateral knee pain. She has had a left total knee arthroplasty and subsequent revision of the same. She also has degenerative arthritis of the right knee. She is on chronic opioid therapy. On examination range of motion of the lumbar spine was restricted with extension limited to 10° by pain but she had normal flexion. Lumbar facet loading was positive on both sides. Straight leg raising was negative. There was tenderness over the sacroiliac area. Examination of the right shoulder revealed a positive Hawkins test, speed's test and drop arm test. Examination of the left shoulder revealed restricted range of motion with abduction limited to 150° associated with pain. Examination of the left knee revealed surgical scars, mild effusion, status post total knee arthroplasty. On sensory examination light touch was patchy in distribution. Motor testing was limited by pain. The biceps reflex was 2/4 on both sides, brachioradialis 2/4 on both sides, triceps 2/4 on both sides, knee jerks 1/4 on both sides, and ankle jerk was 2/4 on both sides. There was tenderness to palpation in the lumbar area with positive straight leg raising bilaterally. The MRI report pertaining to the lumbar spine is dated 5/26/2015. The MRI was compared to a prior study of 12/11/2013. The findings at the L4-5 level were similar to the findings on 12/11/2013. There was severe loss of disc height, disc desiccation, extensive endplate edema on both sides of the disc space, a 4 mm circumferential disc osteophyte complex, moderate osteoarthritis of the facet joints, and thickening of the ligamentum flavum. There was moderate bilateral neural foraminal narrowing. No spinal canal

stenosis or lateral recess stenosis was noted. No progression in the degenerative changes was noted at this level compared to the prior MRI on 12/11/2013. At L5-S1 the disc height was preserved. There was a 2 mm broad-based posterior protrusion that was eccentric to the right with associated annular fissuring, moderate osteoarthritis of the left facet joint, and thickening of the ligamentum flavum. No spinal canal stenosis, lateral recess stenosis, or neural foraminal narrowing was noted. The degenerative changes at this level were similar in appearance compared to the prior MRI on 12/11/2013. The report was dictated by [REDACTED] on 5/26/2015. There is an addendum dated 8/28/2015 pertaining to the L4-5 level. This indicates moderate bilateral neural foraminal stenosis with encroachment on both L4 nerve roots in the neural foramina secondary to a 4 mm circumferential disc osteophyte complex and moderate osteoarthritis of the facet joints. Orthopedic notes dated August 28, 2015 document non-certification of the low back surgery and left knee surgery. The reason given for the low back surgery was absence of spinal stenosis and absence of documented instability. However, the progress notes of that day do not include the subjective complaints pertaining to the spine or examination findings pertaining to the spine. There is a subsequent Neurosurgical note dated September 3, 2015 indicating that the addendum to the MRI report noted moderate bilateral neural foraminal stenosis with encroachment on both L4 nerve roots secondary to a circumferential disc osteophyte complex and moderate osteoarthritis of the facet joints. Additionally, the patient had been seen over a period of 4 years for chronic back pain that did not respond to injection procedures and an IDET procedure as well as substantial weight loss. Therefore the provider opined that a laminectomy and fusion was likely the reasonable course of action. The disputed request is for lumbar laminectomy, fusion, internal fixation, application of a spine device and microsurgical technique. The surgical level or levels have not been specified. The utilization review denial rationale and citations have not been submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

IP stay for spine fusion, removal of spine laminectomy, insert spine fixation, apply spine device and microsurgery add-on: Upheld

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

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: California MTUS guidelines indicate surgical considerations for severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying Objective signs of neural compromise, activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms, clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair, and failure of conservative treatment to resolve disabling radicular symptoms. A spinal fusion is indicated in patients with increased spinal instability after surgical decompression at the level of degenerative spondylolisthesis. There is no scientific evidence about the long-term effectiveness of any form

of surgical decompression or fusion for degenerative lumbar spondylosis compared with the 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. In this case there is no objective neurologic deficit documented. Electrodiagnostic studies have not been performed. There is no documentation of instability on flexion/extension films and there is no degenerative spondylolisthesis documented. Although the MRI report shows some neural foraminal stenosis at L4-5 bilaterally, there is no documentation of definite sensory or motor deficit corroborating with the MRI findings. There is no spinal stenosis present. In light of the above, and particularly in the presence of a chronic pain syndrome with high VAS scores of 10/10 without medications and 8-9/10 with medications, the possibility of improvement with a laminectomy and fusion is very small and will be associated with a significant complication rate. Based upon the clinical information available at this time, the injured worker does not meet the guideline criteria for a lumbar laminectomy and fusion (levels not specified) and as such, the medical necessity of the surgical procedure has not been substantiated. Since the primary surgical procedure is not medically necessary, none of the associated surgical requests are applicable.