MAXIMUS Federal Services

Case Number:	CM15-0199689		
Date Assigned:	10/14/2015	Date of Injury:	07/10/2012
Decision Date:	12/02/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/12/2015

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:

The injured worker is a 50-year-old male, who sustained an industrial injury on 7-10-2012. The injured worker was being treated for lumbosacral musculoligamentous sprain and strain, aggravation of L5-S1 (lumbar 5-sacral 1) discogenic mechanical low back pain, and bilateral lower extremities radiculitis. Medical records (8-16-2015, 9-14-2015, and 9-24-2015) indicate ongoing burning low back pain radiating to the bilateral lower extremities, right greater than left. The physical exam (8-16-2015) reveals lumbar spine flexion of 60, extension of 20, and right lateral flexion of 30 with pain. There is tenderness to palpation of the supraspinatus ligament, L4 (lumbar 4) sacrum, bilateral erector spinae right greater than left, and right sciatic. The physical exam (9-14-2015) reveals lumbar spine flexion of 60, extension of 20, and right lateral flexion of 30 with pain. There is tenderness to palpation of the paraspinals. The injured worker was using a walking cane. The physical exam (9-24-2015) reveals decreasing lumbar spine flexion to 45 and unchanged extension of 20 and right lateral flexion of 30 with pain. There is tenderness to palpation of the supraspinatus ligament, L4 (lumbar 4) sacrum, bilateral erector spinae right greater than left, and right sciatic. On 8-13-2015, an electromyography and nerve conduction velocity study shows no evidence of lumbar radiculopathy or peripheral polyneuropathy. On 8-26-2015, an MRI of the lumbar spine reveals advanced degenerative changes at L5-S1 resulting in moderate right foraminal stenosis. There are lesser degenerative changes at L4-5 (lumbar 4-5) resulting in mild left foraminal stenosis. There is mild spondylosis with stenosis at L2-3 (lumbar 2-3) and L3-4 (lumbar 3-4). Treatment has included physical therapy, acupuncture, a transcutaneous electrical nerve stimulation (TENS) unit, work modifications, home exercises, heat, and medications including Tramadol, Norco, topicals, Cyclobenzaprine, Gabapentin, Ibuprofen, and Celebrex. Per the treating physician (9-24-2015 report), the employee has returned to work. The requested treatments included a decompression and fusion at L4-5 and

L5- S1 and a 3-4 day inpatient hospital stay for lumbar fusion. On 10-5-2015, the original utilization review non-certified requests for a L4-5 and L5-S1 decompression and fusion and a 3-4 day inpatient hospital stay for lumbar fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-5, L5-S decompression /fusion: Upheld

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

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

Decision rationale: The 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. With regard to the request for a spinal fusion, the guidelines indicate patients with increased spinal instability 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. Table 128 states that a spinal fusion is not recommended in the absence of fracture, dislocation, complications of tumor, or infection. Furthermore, a psychological evaluation is recommended before spinal fusion. In this case, there is no documentation of spondylolisthesis or instability. Flexion/extension films showing instability have not been submitted. EMG and nerve conduction studies were negative and there is no objective neurologic deficit. An orthopedic QME of 5/20/2015 revealed evidence of symptom magnification and positive Waddell signs. And there is no clinical, electrophysiologic, and MRI evidence of the same lesion that is known to benefit in both the short and long-term from surgical repair. The guideline criteria with regard to a lumbar fusion have not been met. Furthermore, there is no psychological evaluation provided. As such, the request for L4-5 and L5-S1 decompression and spinal fusion is not supported and the medical necessity of the request has not been substantiated.

Inpatient Hospital Stay for Lumbar Fusion (3-4 days): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.