

Case Number:	CM15-0208362		
Date Assigned:	10/27/2015	Date of Injury:	03/16/2011
Decision Date:	12/09/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/22/2015

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 28-year-old male who sustained an industrial injury on 3/16/11. Injury to the low back was reported relative to picking up items from the floor and with repetitive bending. He underwent L4/5 and L5/S1 transforaminal lumbar interbody fusion (TLIF) on 12/13/13. The 5/7/15 lumbar spine x-ray impression documented status post L5/S1 laminectomies, status post L4/5 and L5/S1 interbody and bilateral interpedicular fusions, satisfactorily positioned. There was a 10.0 mm anterolisthesis of L5 on S1 and mild degenerative narrowing L3/4 intervertebral disc space, unchanged from 6/27/14. The 5/8/14 neurosurgical report cited on-going lumbar pain and paresthesias radiating to the anterior thighs and shins following his L4-S1 lumbar fusion. He had diminished sensory perception in the anterior thighs, shins, and feet. Deep tendon reflexes were 2+ and symmetrical and pathological reflexes were absent. He was able to stand from a seated position and stand on his toes and heels. Tandem gait and heel/toe walk were slightly diminished. X-rays showed the injured worker was status post L4-S1 lumbar fusion with instrumentation and interbody implants in place. Solid fusion was not determined in the interbody spaces and it did not appear to be completely fused with bone. He had new symptoms of lumbar radiculopathy correlating to the L3/4 level. Additional imaging was requested. The 8/17/15 lumbar spine MRI noted postoperative changes at L4-5 and L5-S1 with artifact from the pedicle screws limiting evaluation of the spinal canal and foramina at these levels. There was no high-grade bony spinal stenosis at these levels and the exiting nerve roots did not appear to be displaced. There was presumed granulation tissue at L4/5 and L5/S1 that appeared to surround the origins of the right L5 and S1 nerve sleeves. There was a focal posterior central L3/4 disc protrusion mildly deforming the ventral aspect of the thecal sac. The 8/17/15 lumbar spine CT scan impression documented prior L4/5 and L5/S1 interbody fusion surgery with bilateral L4, L5,

and S1 pedicle screws. There was lucency surrounding the right L4 screw which might relate to loosening. There was a grade 1 anterolisthesis of L5 on S1 with no high-grade bony spinal canal or foraminal narrowing. Findings documented the suggestion of a broad-based posterior central disc protrusion at L3/4 with no high-grade bony spinal canal or foraminal narrowing and bilateral facet joint degenerative changes. The 9/15/15 treating physician cited low back pain and spasms with a burning sensation to the right thigh. Pain was reported grade 4-5/10 at rest, and increased to grade 6-7/10 with activity. Lumbar spine exam documented antalgic gait, bilateral paraspinal tenderness and spasms, restricted and painful range of motion, and intact neurovascular function. The treatment plan included cyclobenzaprine and Norco, and referral back to the neurosurgeon. The 9/17/15 neurosurgical report indicated that the injured worker had on-going lumbar pain and paresthesias radiating to the anterior thighs and shins. Physical exam was unchanged. CT scan showed an L3/4 broad-based posterior central disc protrusion with no high grade bony spinal canal or foraminal narrowing, and bilateral facet joint degenerative changes. At L4/5 and L5/S1, there was no high-grade bony spinal canal or foraminal narrowing. MRI showed an L3/4 focal posterior central disc protrusion that mildly deformed the ventral aspect of the thecal sac. Surgery at the L3/4 will create iatrogenic instability and fusion will be necessary. Additionally, exploration of the prior fusion was indicated. Authorization was requested for transforaminal lumbar interbody fusion (TLIF) L3/4 and exploration of L4/5 and L5/S1 with associated surgical requests for 3-day length of stay and purchase of an Aspen LSO post-op back brace. The 10/9/15 utilization review non-certified the L3/4 TLIF and exploration of L4/5 and L5 and associated requests as there was no clear objective clinical evidence of radiculopathy or neural compromise at the L3/4 level that would require decompression and/or discectomy that would cause iatrogenic instability and required fusion. There was no evidence of degenerative spondylolisthesis, instability or fracture at L3/4 requiring stabilization fusion and no clear evidence of adjacent level significant degeneration at L3/4 above the prior fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal lumbar interbody fusion L3/4 and exploration of L4/5 and L5/S1:

Overtured

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 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. 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. 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 on-going lumbar pain and paresthesias radiating to the anterior thighs and shins one year status post L4-S1 TLIF. There is imaging evidence of possible pseudoarthrosis and loosening of the L4 pedicle screw. There is also imaging evidence of a disc protrusion at the L3/4 level consistent with new signs/symptoms of lumbar radiculopathy. Evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Decompression of the disc protrusion at the L3/4 level is consistent with guidelines and inclusion of this level in the fusion is reasonable due to the need to stabilize the non-union at L4/5 and L5/S1. Therefore, this request is medically necessary.

Three (3) day length of stay: 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, lateral or posterior lumbar fusion is 3 days. This request is consistent with guidelines recommendations. Therefore, this request is medically necessary.

Purchase of ASPEN LSO post-op back brace: Overturned

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): Physical Methods. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM). Occupational Medical Practice Guidelines 2nd Edition. Chapter 12 Low Back Disorders. (Revised 2007) page(s) 138-139.

Decision rationale: The California MTUS guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The revised ACOEM Low Back Disorder guidelines do not recommend the use of lumbar supports for prevention or treatment of lower back pain. However, guidelines state that lumbar supports may be useful for specific treatment of spondylolisthesis, documented instability, or post-operative treatment. The use of a lumbar support in the post-operative period for pain control is reasonable and supported by guidelines. Therefore, this request is medically necessary.