

Case Number:	CM15-0022821		
Date Assigned:	02/12/2015	Date of Injury:	10/24/2005
Decision Date:	03/26/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/06/2015

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 56-year-old man sustained an industrial injury on 10/24/05. Past surgical history was positive for L3-S1 revision anterior/posterior fusion. The 12/4/14 lumbar CT scan documented an increasing L2/3 retrolisthesis of 7 mm with severe central canal, bilateral subarticular, and foraminal stenosis with likely mass effect on the exiting nerve root. MRI findings confirmed L2/3 central stenosis and retrolisthesis. The 1/15/15 treating physician report cited severe symptoms of neurogenic claudication, buttock and bilateral lower extremity pain. He had pain when he stood or walked, and the pain disappeared when he sat or flexed forward. Conservative treatment, including physical therapy and several epidural injections had provided no benefit. Physical exam documented normal strength and symmetrical reflexes. The treatment plan recommended removal of hardware, followed by a decompression and fusion of the L2/3 level. A 1/19/15 treatment authorization request for lumbar revision, decompression and fusion 2 levels was submitted. On 1/26/15, Utilization Review evaluated a prescription for lumbar revision, hardware removal, decompression and fusion of two levels L2-L3. The UR physician noted that the request for surgery was made for two levels, however, only one level was identified on the surgeon's treatment plan. The utilization review modified the request and approved lumbar revision hardware removal and decompression and fusion at L2/3. The MTUS, ACOEM Guidelines, (or ODG) was cited. The request was subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Revision, Hardware Removal, Decompression, and Fusion of 2 levels L2-L3:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): (s) 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307.

Decision rationale: The California MTUS guidelines indicate that lumbar spinal fusion may be considered for patients with increased spinal instability after surgical decompression at the level of degenerative spondylolisthesis. Guidelines state there was no good evidence that spinal fusion alone was effective for treating any type of acute low back problem, in the absence of spinal fracture, dislocation, or spondylolisthesis if there was instability and motion in the segment operated on. This patient presents with severe neurogenic claudication with imaging evidence of spondylolisthesis with instability at the L2/3 level. The 1/26/15 utilization review modified a request for lumbar revision, hardware removal, decompression and fusion at 2-levels to include the L2/3 level only as described in the treating physician treatment plan. There is no compelling reason to support the medical necessity of surgery at an additional level. Therefore, this request is not medically necessary.