MAXIMUS Federal Services

Case Number:	CM15-0215605		
Date Assigned:	11/05/2015	Date of Injury:	02/18/2003
Decision Date:	12/16/2015	UR Denial Date:	10/21/2015
Priority:	Standard	Application Received:	11/02/2015

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 58-year-old male who sustained an industrial injury on 2/18/03. Injury occurred when the cement hose he was holding and had wrapped around his arm clogged. When the clog became free, the hose snapped and the injured worker was flung through the air and fell onto his shoulders, back and legs. Past surgical history was positive for left ulnar nerve decompression and carpal tunnel release on 10/27/04, right ulnar nerve decompression and carpal tunnel release on 6/7/05, and C3-C7 cervical fusion on 10/18/07. He underwent laminectomy and discectomy at L3/4 and L4/5 on 3/1/12. Records documented an increase in low back pain radiating down the lower extremity since falling down stairs on 11/11/14. The 2/19/15 lumbar spine MRI impression documented scoliosis, loss of lordosis, multilevel listhesis, degenerative marginal osteophytosis, Schmorl's node formation, and disc space narrowing. There were multilevel disc protrusions, posterior element hypertrophy, central canal stenosis, and neuroforaminal stenosis, greater on the right at L4/5. There was a focal disc extrusion on the right at L4/5. At L1/2, there was a disc bulge, moderate to severe neuroforaminal stenosis, and moderate facet joint and ligamentum flavum hypertrophy. At L2/3, there was a disc bulge with moderate to severe neuroforaminal stenosis and moderate bilateral facet joint and ligamentum flavum hypertrophy. At L3/4, there was a broad-based disc protrusion with mild effacement of the anterior thecal sac, moderate to severe facet hypertrophy, moderate central canal stenosis, and moderate to severe bilateral neuroforaminal stenosis. At L4/5, there was a focal right disc extrusion with moderate effacement of the right anterolateral thecal sac, mild central canal narrowing, and moderate bilateral facet hypertrophy. There was

caudal migration of the extruded disc material into the right lateral recess of L5, resulting in mild extrinsic compression of the nerve root, and moderate to severe neuroforaminal stenosis. At L5/S1, there was a broad-based disc protrusion mildly effacing the anterior aspect of the thecal sac without central canal stenosis. There was moderate bilateral neuroforaminal stenosis, and moderate to severe facet hypertrophy. There was severe degenerative disc space narrowing at L1/2, L3/4, and L4/5 with mild to moderate degenerative disc narrowing at L2/3 and L5/S1. The 8/6/15 medical legal report indicated that the injured worker was not a surgical candidate for the lumbar spine given his severe multilevel disc pathology with degenerative changes. He had advanced multilevel pathology to the extent that he was unlikely to improve with fusion. Continued palliative care with a pain specialist was recommended. The 8/20/15 spine surgeon physical exam documented inability to heel, toe or tandem walk, antalgic gait, and very guarded and limited range of motion due to pain. There was 3+/5 quadriceps weakness and 4/5 tibialis anterior and extensor hallucis longus weakness. There was right leg atrophy. Sensation and deep tendon reflexes were intact. There was 3-beat clonus bilaterally and positive left Hoffmann's. There was a positive right straight leg raise. The 9/3/15 pain management report indicated that the injured worker was doing extremely well in terms of stabilizing his low back pain with the use of Percocet in combination with Duragesic patch. The injured worker reported current medication reduced his pain from grade 8-9/10 to a more consistent 3-4/10. He was able to sit for more than 2 hours, walk, and do light stretching and exercise activity. Physical exam documented paraspinal tenderness with no significant spasms. There was a significant decrease in range of motion. Straight leg raise was positive on the right with difficulty heel/toe walking, decreased bilateral lower extremity sensation, and decreased right patellar reflex. He had considerable and marked antalgic gait and used a cane. There was considerable pain with right hip internal and external rotation and weight bearing. The treatment plan documented medication management. The 10/1/15 spine surgeon report indicated that the injured worker had severe and disabling symptoms. His pain was interfering with his ability to recover and move. Physical exam documented very guarded range of motion. He was walking with a very antalgic Trendelenburg gait, using a cane. The diagnosis was lumbar degenerative disc disease, multilevel lumbar spinal stenosis, scoliosis and flatback. He also had severe end-stage right hip degenerative disease and a right total hip arthroplasty was recommended. Authorization was requested for an anterior lumbar interbody fusion from L3 to S1 followed by posterior spinal fusion T10 to pelvis, and an inpatient hospitalization for one day. The 10/20/15 utilization review non-certified the requested lumbar fusion and hospital stay as the medical necessity of the request was not established as the qualified medical examiner had recommended continued conservative treatment and opined that the injured worker was not a surgical candidate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior lumbar interbody fusion from L3 to S1 followed by posterior spinal fusion T10 to pelvis: Upheld

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.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 not been met. This injured worker presents with severe and disability back and lower extremity symptoms that interfered with activities of daily living. Pain reduction and functional benefit was documented with the current medication regime. There were clinical exam findings of motor deficit, reflex change and sensory deficit consistent with imaging evidence of multilevel nerve root compromise. There is no radiographic evidence of spondylolisthesis or spinal segmental instability on flexion and extension X-rays. There is no discussion supporting the need for wide decompression that would result in temporary intraoperative instability and necessitate fusion at all the requested levels. There is a report of scoliosis but no documentation of the degree of spinal deformity. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Potential psychological issues are documented with no evidence of a psychosocial screen. Therefore, this request is not medically necessary at this time.

Associated surgical service: Inpatient hospitalization for 1 day: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index 13th Edition (web), 2015, Low Back Chapter - Hospital Length of stay (LOS).

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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.