

Case Number:	CM15-0031817		
Date Assigned:	02/25/2015	Date of Injury:	05/09/2000
Decision Date:	05/01/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/19/2015

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: Oregon, California
 Certification(s)/Specialty: Neurological 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 68-year-old male who reported an injury on 05/09/2000. The mechanism of injury was not provided. Other surgical history included arthroscopic debridement with an incidental finding of patellofemoral arthritis with grade 4 chondromalacia and a to a lesser degree medial compartment grade 4 chondromalacia to the right knee. The injured worker underwent an MRI of the lumbar spine without contrast on 11/12/2014, which revealed at the level of L4-5 there was an X-STOP device with ferromagnetic artifact from the hardware. The hardware appeared appropriately positioned. There was a severe loss of disc height, fatty endplate degenerative changes on both sides of the disc space, a 3 mm retrolisthesis of L4 on L5 that resulted in a pseudobulge, fatty endplate degenerative changes on both sides of the disc space, endplate spurs projecting anteriorly into the right and left laterally and thickening of the ligamentum flavum measuring 5 mm in thickness on both sides. There was moderate narrowing of both lateral recesses noted and moderate bilateral neural foraminal narrowing. There was no spinal canal stenosis. There was a progressive loss of disc height at this level since the prior MRI of 03/31/2008. The injured worker underwent CT of the lumbar spine without contrast on 12/16/2014, which revealed at L4-5 there was a severe loss of disc height with cystic changes on both sides of the endplates with a vacuum phenomenon in the intervertebral disc, a 3 mm retrolisthesis of L4 on L5 resulting in a pseudobulge, endplate spurs projecting anteriorly into the right and left laterally. There was thickening of the ligamentum flavum measuring 4 mm in thickness bilaterally. There was moderate narrowing of both lateral recesses and moderate bilateral neural foraminal narrowing. There was no spinal canal stenosis. These findings were

similar in appearance compared to the prior MRI of 11/12/2014. The X-STOP device was in place. There was a Request for Authorization dated 01/05/2015 for the removal of the X-STOP and insertion of a new X-STOP. The documentation of 12/29/2014 revealed the injured worker's diagnoses include unsteady gait, spinal stenosis of lumbar region at multiple levels, lumbar stenosis with neurogenic claudication, low back pain with radiation to the left leg, history of back surgery, herniated nucleus pulposus L5-S1, right, herniated nucleus pulposus L4-5, chronic back pain, and degenerative disc disease of the lumbar spine. The injured worker was in for a followup visit for his low back pain and to review the CT of the lumbar spine. The injured worker had low back pain for several months with radiation into the left leg lasting approximately 6 months. The left leg felt weak. The injured worker had an epidural steroid injection prior to the back surgery. The injured worker was noted to have an insertion of the X-STOP in 2008 at L4-5. The injured worker had undergone a right and left knee total arthroplasty. The injured worker's medications included Celebrex. The physical examination revealed reflexes of 2+ bilaterally. The strength of the bilateral lower extremities was 5/5 with the exception of the quadriceps on the left of 4/5. The injured worker's gait was within normal limits and the injured worker was able to perform a tandem walk and heel to toe walk. The treatment plan included a removal of the X-STOP device and replacement of the X-STOP device.

IMR ISSUES, DECISIONS AND RATIONALES

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

Removal of X stop and Laminectomy at L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-308.

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 Chapter, X-Stop Interspinous Process Decompression (IPD) System, Interspinous decompression device (X-Stop).

Decision rationale: The American College of Occupational and Environmental Medicine indicate a surgical consultation may be appropriate for injured workers who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies preferably with accompanying objective signs of neural compromise. There should be documentation of activity limitations due to radiating leg pain for more than 1 month or the extreme progression of lower leg symptoms, and 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 documentation of a failure of conservative treatment to resolve disabling radicular symptoms. They do not address the x-stop device. As such, secondary guidelines were sought. The Official Disability guidelines indicate that the X-stop is not recommended over decompression surgery (laminectomy), because the failure rate of X-Stop is much higher (about 30% compared to 3%). The clinical documentation submitted for review failed to provide the injured worker had an extreme progression of lower leg symptoms. There was a lack of documentation of a failure of conservative care, as the conservative care was not provided.

There would not need to be electrophysiologic evidence to support the necessity for surgical intervention. The Official Disability Guidelines do not recommend an X-STOP device over decompression surgery, which is a laminectomy. There was a lack of documented instability upon physical examination and documentation the injured worker had undergone x-rays in extension and flexion which revealed instability. There was a lack of documentation of spinal canal stenosis per radiologic findings. Given the above, the request for removal of X-STOP and laminectomy L4-5 is not medically necessary.

LOS- Outpatient: 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.