

Case Number:	CM15-0034098		
Date Assigned:	03/03/2015	Date of Injury:	06/28/2011
Decision Date:	05/01/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	02/24/2015

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 57-year-old male who reported injury on 06/28/2011. The mechanism of injury was not provided. The documentation of 10/07/2014 revealed the injured worker was utilizing 4 Ultram tablets per day. The injured worker was utilizing a cane. The injured worker indicated that he had constant moderate low back pain radiating to his buttocks and down his legs, which extends to his hamstrings with associated numbness and tingling in the bilateral legs, especially with prolonged sitting. The injured worker indicated that the numbness and tingling in the bilateral legs had increased since the last evaluation and it was associated with increased giving way of the bilateral legs. The injured worker had not fallen recently. The injured worker indicated his left leg symptoms were worse than his right leg. The injured worker was noted to be smoking cigarettes. The documentation indicated the injured worker underwent an MRI of the lumbar spine on 02/01/2012, which revealed at the level of L3-4 there was a 2 mm disc protrusion, a 4 mm disc protrusion at L4-5 and a 4 mm disc protrusion at L5-S1. The documentation of 11/17/2014 revealed the injured worker was utilizing Ultram 4 tablets per day for pain control, but not necessarily every day. The injured worker was utilizing Motrin on a regular basis. The injured worker had constant moderate to severe low back pain radiating into the buttocks and down the bilateral legs. The physical examination revealed lumbar spine restricted range of motion of 30 degrees, extension 5 degrees, right rotation, left rotation 15 degrees and lateral bending of 10 degrees. There was moderate to severe tenderness over the spinous processes, mainly at the lower lumbar levels to the lumbosacral level. There was moderate + tenderness in the paraspinal muscles. There was moderate to severe tenderness at the

sacroiliac joints. There was moderate + tenderness over the right sciatic nerve with moderate to severe tenderness over the left sciatic nerve. The deep tendon reflexes were unobtainable at the ankles and knees. The strength was 5/5. The straight leg raise in the supine position was approximately 45 degrees bilaterally with significant low back pain without obvious radicular leg pain. There was some definite moderate hamstring tightness bilaterally. The diagnoses include moderate to severe degenerative disc disease and mild facet spondylosis of the lumbar spine at L4-5 and L5-S1, plus discogenic disease with annular disc disruptions at L3-4, L4-5 and L5-S1 per the discogram associated with disc bulges, as well as bilateral lower extremity radiculitis and moderate exogenous obesity, as well as tobacco abuse, plus umbilical hernia. The treatment plan included lumbar spine surgery including an anterior lumbar discectomy, partial corpectomy, fusion at lumbar L3-4, L4-5 and lumbar 5 to the sacrum with segmental interbody cages and left iliac crest bone graft, as well as decompressive lumbar laminectomy from lumbar 3 to the sacrum, plus bilateral lateral fusion with segmental pedicle screw hardware and right iliac crest bone graft, as well as postoperative physical therapy. Medications included Ultram 50 mg and Motrin 800 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior lumbar discectomy, at L3-L4, L4-L5, and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

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. Additionally, 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. Clinicians should consider referral for psychological screening to improve surgical outcomes. The clinical documentation submitted for review indicated the injured worker had imaging studies that revealed the need for surgical intervention. The injured worker had lower leg symptoms and a clear clinical indication for surgery. However, the specific conservative care, duration and type of conservative care were not provided. The official imaging and electrophysiologic studies were not provided. The injured worker was noted to be a smoker. Given the above, the request for anterior lumbar discectomy L3-4, L4-5 and L5-S1 per 11/17/2014 is not medically necessary.

Partial Corpectomy, at L3-L4, L4-L5, and L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/17088195>.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

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. Additionally, 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. Clinicians should consider referral for psychological screening to improve surgical outcomes. The clinical documentation submitted for review indicated the injured worker had imaging studies that revealed the need for surgical intervention. The injured worker had lower leg symptoms and a clear clinical indication for surgery. However, the specific conservative care, duration and type of conservative care were not provided. The official imaging and electrophysiologic studies were not provided. The injured worker was noted to be a smoker. Given the above, the request for partial corpectomy L3-4, L4-5 and L5-S1 is not medically necessary.

Associated surgical service: Segmental interbody cages at L3-L4, L4-L5, and L5-S1: 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.

Bilateral lateral fusion from L3 to the sacrum: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 300.

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. Additionally, 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. Clinicians should consider referral for psychological screening to improve surgical outcomes. The clinical documentation submitted for review indicated the injured worker had imaging studies that revealed the need for surgical intervention. The injured worker had lower leg symptoms and a clear clinical indication for surgery. However, the specific conservative care, duration and type of conservative care were not provided. The official imaging and electrophysiologic studies were not provided. The injured worker was noted to be a smoker and there was a lack of documentation indicating there had been a discussion regarding cessation of smoking, as smoking may interfere with fusion. Given the above, the request for bilateral fusion L3 to sacrum is not medically necessary.

Decompressive lumbar laminectomy from L3 to the sacrum w/ bilateral lateral fusion:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 300.

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. Additionally, 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. Clinicians should consider referral for psychological screening to improve surgical outcomes. The clinical documentation submitted for review indicated the injured worker had imaging

studies that revealed the need for surgical intervention. The injured worker had lower leg symptoms and a clear clinical indication for surgery. However, the specific conservative care, duration and type of conservative care were not provided. The official imaging and electrophysiologic studies were not provided. The injured worker was noted to be a smoker and there was a lack of documentation indicating there had been a discussion regarding cessation of smoking, as smoking may interfere with fusion. Given the above, the request for decompressive lumbar laminectomy from L3 to sacrum with bilateral lateral fusion is not medically necessary.

Associated surgical service: Segmental pedicle screw hardware, from L3 to the sacrum:
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.

Right iliac crest bone graft: 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.

Left iliac crest bone graft: 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.

Associated surgical service: Assistant surgeon: 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.