

Case Number:	CM15-0040449		
Date Assigned:	03/10/2015	Date of Injury:	02/27/2014
Decision Date:	04/17/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	03/03/2015

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 45-year-old female who reported injury on 02/27/2014. The mechanism of injury was a slip and fall on wet pavement while walking in the employees' parking lot from her car to the office. Prior treatments included 6 sessions of physical therapy and chiropractic treatment. The documentation indicated the injured worker had failed 10 months of prior conservative management. The injured worker underwent an MRI of the lumbar spine without contrast on 10/20/2014, which revealed at L4-5 there was a 3 mm to 4 mm anterolisthesis degenerative in nature associated with moderate facet arthropathy. There was a 2 mm broad based disc bulge with no significant central canal narrowing; there was moderate foraminal narrowing bilaterally with encroachment on the L4 nerve roots; at L5-S1 there was moderate to severe disc height loss with associated degenerative implant changes. There was a diffuse disc bulge measuring up to 3 mm and mild facet arthropathy; there was no significant central canal narrowing; there was mild foraminal narrowing bilaterally; there was minimal scoliosis. The documentation of 01/15/2015 revealed the injured worker's symptoms had gotten worse since her last visit. The injured worker reported increased low back pain that was radiating into the bilateral hips and the left hip had greater pain. The injured worker reported intermittent left foot numbness. The injured worker was taking Aleve for the pain. The physical examination revealed lumbar range of motion was diminished to 70% of normal in flexion and extension. There was a positive Gower's sign. Straight leg raise was negative. The Patrick's test was not specific for sacroiliac pathology, but generalized to the right in low back pain. The strength was 5/5. Motor function testing was 5/5. There was no sensory hypoesthesia. The diagnoses

included mechanical low back pain secondary to degeneration spondylolisthesis at L4-5 and advance degenerative disc disease at L5-S1. The treatment plan included anterior interbody fusion at L4-5 and anterior interbody fusion at L5-S1 followed by posterior segmental instrumentation at L4-S1 and the use of allograft and bone morphogenic protein and a 1 to 2 day hospital stay. The medications included tramadol 1 by mouth 3 times a day #90. There was no Request for Authorization submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-5, L5-S1 anterior instrumentation, L4-5, L5-S1 anterior lumbar interbody fusion, L4-S1 posterior non-segmental instrumentation, L4-5, L5-S1 intervertebral device with bone morphogenic protein pending peer to peer discussion.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (updated 01/14/15) Bone Growth Stimulators (BGS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Bone-morphogenetic protein.

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 guidelines do not address BMP and as such, secondary guidelines were sought. The Official Disability Guidelines do not recommend Bone-morphogenetic protein (BMP). The clinical documentation submitted for review indicated the injured worker had objective findings upon examination with respect to restricted motion. The injured worker had failed conservative management. There would not need to be electrophysiologic evidence to support the necessity for a fusion. There was a lack of documentation indicating the injured worker had undergone psychological evaluation. The physician documented the injured worker had spondylolisthesis at L4-5; however, there was a lack of radiologic findings to support the documentation. Additionally, there was a lack of documentation of x-ray study on flexion and extension to indicate the injured worker had spinal instability. There was a lack of documentation of exceptional factors to support the use of bone morphogenic protein. Given the above, the request for L4-5, L5-S1 anterior instrumentation, L4-5, L5-S1 anterior lumbar interbody fusion, L4-S1

posterior non-segmental instrumentation, L4-5, L5-S1 intervertebral device with bone morphogenic protein pending peer to peer discussion is not medically necessary.