

Case Number:	CM15-0042751		
Date Assigned:	03/12/2015	Date of Injury:	07/22/1995
Decision Date:	05/05/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/06/2015

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 injured worker is a 74-year-old woman sustained an industrial injury on 7/22/95. Past surgical history was positive for left carpal tunnel release in May 1999, right carpal tunnel release on 3/11/03, and anterior and posterior cervical discectomy and fusion C3 to T1 on 6/1/05. Injury occurred while she was trying to move a 200-pound resident. Past medical history was positive for osteoporosis. The 7/21/14 lumbar spine MRI impression documented bilateral L5 pars defects with grade 2/3 anterolisthesis of L5 on S1 associated with severe stenosis and crowding of the nerve roots within the canal and bilateral foramina. There was a large left paracentral disc herniation at L4/5, which obliterated the lateral recess and impinged on the traversing left L5 nerve root with moderate to large bilateral facet effusions at L4/5. There was grade 1 anterolisthesis at L3 on L4 with moderate stenosis of the canal and moderate to severe bilateral foraminal stenosis. The 8/5/14 treating physician report cited low back pain with continued left lower extremity radiculopathy involving the lateral aspect of the thigh and lower leg. Physical exam documented mild to moderate loss of lumbar flexion and extension with pain, normal toe rises, positive pain with extension/rotation, and positive supine straight leg raise at 80 degrees on the left. Neurologic exam documented normal strength, sensation, and deep tendon reflexes. There was tenderness over L3/4, L4/5, L5/S1, and the posterior superior iliac spine bilaterally. MRI showed a grade 1 spondylolisthesis at L4/5, large left parasagittal disc herniation at L4/5 causing significant lateral recess compression. There was grade 3 spondylolisthesis at L5/S1 secondary to bilateral pars defects and grade 2 spondylolisthesis at L3/4. Foraminal stenosis was quite severe at L3/4 and L5/S1. The treating physician

recommended an L4/5 translaminar epidural steroid injection to consider isolated micro decompression at that level. In order to address all her neurologic impingement, she would require anterior lumbar interbody fusion from L4-S1, and lateral interbody fusion at L3/4 with posterior segmental fixation from L3-S1. The 8/25/14 orthopedic consultant report stated that he would be somewhat hesitant to recommend a fusion in this particular situation since her bones were not overly suitable for insertion of various screws, hardware, etc. Authorization was requested for spinal fusion at L3/4 on 1/29/15. The 2/20/15 utilization review non-certified the request for fusion at the L3/4 as there was no rationale for the inclusion of this level, no documentation of instability at this level, no current exam findings, and no evidence of psychological clearance.

IMR ISSUES, DECISIONS AND RATIONALES

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

L3-4 Fusion surgery: 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 Chapter; AMA Guidelines (Instability).

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 Lumbar & Thoracic: Fusion (spinal).

Decision rationale: The California MTUS guidelines indicate that lumbar spinal fusion may be considered for patient with increased spinal instability after surgical decompression at the level of degenerative spondylolisthesis. Guidelines state there is no good evidence 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 was instability and motion in the segment operated on. The guidelines recommend that clinicians consider referral for psychological screening to improve surgical outcomes. The Official Disability Guidelines (ODG) state that spinal fusion is not recommended for patients who have less than six months of failed recommended conservative care unless there is objectively demonstrated severe structural instability and/or acute or progressive neurologic dysfunction. Fusion is recommended for objectively demonstrable segmental instability, such as excessive motion with degenerative spondylolisthesis. Pre-operative clinical surgical indications require completion of all physical therapy and manual therapy interventions, x-rays demonstrating spinal instability, spine pathology limited to 2 levels, and psychosocial screening with confounding issues addressed. Guideline criteria have not been met. This patient presents with persistent low back and left lower extremity radicular pain. There is no current clinical exam evidence of reflex or motor change. There is imaging evidence of grade 1 spondylolisthesis and foraminal stenosis at L3/4, but there is no evidence of segmental instability. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial for the lumbar spine and failure has not been submitted. A psychological evaluation is not evidenced. Therefore, this request is not medically necessary.