

Case Number:	CM15-0050117		
Date Assigned:	03/23/2015	Date of Injury:	06/04/1999
Decision Date:	05/14/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/17/2015

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: 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:

The injured worker is a 52-year-old male who reported an injury on 06/04/1999. The mechanism of injury was the injured worker was stopping an inmate from fighting with another officer. Prior therapies were noted to include physical therapy and epidural steroid injections. The injured worker underwent an x-ray on 11/06/2014, which revealed there were luque screws extending from L2-S1. The posterior margin of L5 was not optimally demonstrated, however, there appeared to be some mild anterior subluxation of L5 on S1. There were laminectomy defects at L3, L4, and L5. There were metallic densities in the anterior vertebral spaces at L2-5. Prior surgical history included an L2-5 posterior lumbar interbody fusion with PEEK prosthetic disc replacement case, bone morphogenic protein, sponge and local milled bone. The surgical intervention included bilateral L2-5 decompressive hemilaminectomy with redo bilateral L4-5 decompressive hemilaminectomies with de novo L2, L3 laminectomies and L2-5 posterior spinal fusion with titanium hardware. L5-S1 hardware removal and L5-S1 fusion and exploration. The injured worker underwent a myelogram of the lumbosacral spine, which revealed grade 1 retrolisthesis of L3 on L4 and grade 1 anterolisthesis of L5 on S1. The injured worker underwent a CT post myelogram without contrast on 01/13/2015, which revealed lumbar spinal fusion from L2-S1 with metallic rods and transpedicular screws. The interbody graft was then placed and laminectomy defects were demonstrated. There was a grade 1 anterolisthesis of L5 on S1 and a grade 1 retrolisthesis of L3 on L4 that was not as conspicuous on the study suggesting instability. There was a request for authorization submitted for review dated 02/11/2015. The diagnoses included pseudoarthrosis and loosening of spinal device. The documentation of 02/06/2015

revealed the injured worker had multiple lumbar spinal fusion procedures and his pain was noted to have never improved. The injured worker complained of weakness, numbness and tingling in the bilateral lower extremities. The injured worker denied urinary or fecal incontinence. The medications included hydrocodone, Soma, Neurontin and oxycodone. The injured worker was a nonsmoker. The deep tendon reflexes were 1+ bilaterally in the patella and Achilles. The straight leg raise was positive on the right at 45 degrees. The physician indicated there was solid posterolateral fusion on the left at L2-5; however, there was pseudoarthrosis at L5-S1 with absence of bridging bone posterolaterally and interbody wise at this level. The recommendation was for a revision L4-5 and L5-S1 anterior lumbar interbody fusion with removal of the bilateral L5-S1 pedicle screws. The assessment and discussion included the injured worker's low back pain was opined to be secondary to loose pedicle screws at L5-S1 pseudoarthrosis and the injured worker had failed conservative management.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-5 Anterior Lumbar Interbody Fusion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. 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): 305-307.

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. There would be no need for electrophysiologic evidence to support a fusion. There was a lack of documentation of psychological screening. The documentation indicated the injured worker had undergone extensive conservative care. However, there was a lack of documentation indicating the duration of recent conservative care. This request was concurrently being reviewed for a fusion at L5-S1. The injured worker was noted to have retrolisthesis at L3-4. However, there was a lack of documentation of instability at the level of L4-5 per flexion and extension studies. Given the above, the request is not medically necessary.

L5-S1 Anterior Lumbar Interbody Fusion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. 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): 305-307.

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. There would be no need for electrophysiologic evidence to support a fusion. There was a lack of documentation of psychological screening. The documentation indicated the injured worker had undergone extensive conservative care. However, there was a lack of documentation indicating the duration of recent conservative care. There was noted to be a grade 1 anterolisthesis of L5 on S1. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request is not medically necessary.

Removal of the Bilateral L5 and S1 Pedicle Screws: 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 -Knee section.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

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. There was a lack of documentation of recent conservative care. The physician opined the injured worker had significant lucencies surrounding the bilateral L5-S1 pedicle screws, which were highly suggestive of screw loosening. However, the official CT scan indicated that

the lumbar spinal fusion from L2-S1 with metallic rods and transpedicular screws was appropriate. Given the above, the request is not medically necessary.

Allograft for Spine Surgery: 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.