MAXIMUS Federal Services

Case Number:	CM15-0057983		
Date Assigned:	04/02/2015	Date of Injury:	05/13/2011
Decision Date:	05/15/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/26/2015

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: Minnesota, Florida
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 62 year old male, who sustained an industrial injury on 05/13/2011. He reported pain in his neck, lower back, shoulder and knees. Currently the injured worker complains of constant pain in his knees, constant burning sensation is his lower back with occasional sharp pains, pain in his right buttocks and a burning sensation on his left foot, tingling and mild numbness in his right foot at times, constant neck pain that radiated from his neck to his right shoulder with numbness, tingling burning and loss of strength in hands and occasional pain in his shoulders. Diagnoses included cervical spondylosis with bulging at C5-C6, C6-C7, status post right shoulder arthroscopy probable acromioclavicular joint resection and arthroscopy, bilateral knee pain with intra-articular derangement and history of meniscal tearing by report and status post laminectomy discectomy L5-S1 with vacuum phenomenon at L5-S1. Treatment plan included L5-S1 spinal fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior Lumbar Interbody Fusion (lumbar) L5-S1 (sacroiliac): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 310. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307, 310.

Decision rationale: An MRI of the lumbar spine performed on 9/26/2013 was interpreted by the radiologist as showing a hemangioma in the L2 vertebral body, 4.5 mm disc protrusion at L3-4 with moderate right greater than left neural foraminal stenosis, 4 mm disc protrusion at L5-S1 with moderately severe right neural foraminal stenosis, 3 mm disc protrusion at L2-3 with mild to moderate right neural foraminal stenosis, and 2-3 mm disc protrusion at L4-5 with mild central and neural foraminal stenosis. On November 5, 2014, examination revealed slight tenderness in the lumbar paravertebral muscles. There was no spasm of the lumbar paravertebral muscles noted. There was no tenderness to palpation at the sacroiliac joints or the sciatic notches bilaterally. Flexion was 50 degrees and extension 5 degrees with complaint of pain. Right and left lateral bending was 15 degrees with complaint of low back pain. Lasegue was negative. Patrick was negative. Per examination of 1/12/2015 x-rays of the lumbar spine revealed advanced disc space narrowing at L5-S1 with vacuum phenomenon, anterior spur osteophyte formation at L5-S1, and bone-on-bone changes at L5-S1. The arthrosis at L5-S1 appeared to be severe. L3-4 demonstrated anterior spur osteophyte formation. L1-2 demonstrated a large lateral spur osteophyte. The diagnosis was status post laminectomy discectomy L5-S1 with vacuum phenomenon at L5-S1. The plan was an MRI scan of the lumbar spine and spinal fusion at L5-S1. On 2/11/2015 the subjective complaints included ongoing pain in the low back. Examination of the lumbar spine revealed a well-healed midline scar at L5-S1. There was paraspinal tenderness L4-S1 as well as superior iliac crest. Gait was normal. The patient was able to walk on tiptoes and on heels without pain. Straight leg raising was to 80 degrees bilaterally. Sensation was decreased in the right medial foot but was otherwise normal. Motor strength was normal in both lower extremities. Deep tendon reflexes were 2/4 bilaterally including the quadriceps and Achilles. The diagnosis was status post laminectomy discectomy L5-S1 with vacuum phenomenon at L5-S1. The date of the previous surgery was not documented. The notes indicate that there was mechanical back pain and instability at L5-S1. However, no flexion/extension films are documented. A spinal fusion was requested at L5-S1. An MRI scan was also requested. California MTUS guidelines indicate patients with increased spinal instability after surgical decompression at the level of degenerative spondylolisthesis may be candidates for fusion. The documentation provided does not include flexion/extension films demonstrating instability. There is no evidence of degenerative spondylolisthesis noted. The guidelines state that there is no scientific evidence about the long-term effectiveness of any form of surgical decompression or fusion for degenerative lumbar spondylosis compared with natural history, placebo, or conservative treatment. There is no good evidence from control trial status 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. Lumbar fusion in patients with other types of low back pain very seldom cures the patient. Official Disability Guidelines mention a recent study of 725 Worker's Compensation patients in Ohio who had lumbar fusion found only 6% were able to go back to work a year later, 27% needed another operation, and over 90% were in enough pain that they were still taking narcotics

at follow-up. A large study suggests that lumbar fusion may not be an effective operation in Worker's Compensation patients with disc degeneration, disc herniation, and/or radiculopathy and it is associated with significant increase in disability, opiate use, prolonged work loss, and poor return to work status. The AMA guides to the evaluation of permanent impairment, sixth edition defines alt eration of motion segment integrity of the lumbar spine on the basis of flexion/extension radiographs. The presence of alteration of motion segment integrity is diagnosed by translation measurements requiring greater than 8% anterior or greater than 9% posterior relative translation of one vertebra on another on flexion or extension radiographs respectively. At L5-S1 it requires greater than 6% anterior or greater than 9% posterior relative translation on flexion/extension respectively. A diagnosis by angular motion measurements requires greater than 15 degrees at L1-2, L2-3, and L3-4, greater than 20 degrees at L4-5, or greater than 25 degrees at L5-S1 compared with adjacent level angular motion. The available documentation does not indicate flexion/extension films or an accurate measurement of the alteration of motion segment integrity. California MTUS guidelines do not recommend spinal fusion in the absence of fracture, dislocation, complications of tumor, or infection. As such, the request for a lumbosacral fusion at L5-S1 is not supported by evidence-based guidelines and the medical necessity of the request has not been established.

Inpatient Stay, 3 days: 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.

Vascular 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.