

Case Number:	CM15-0059098		
Date Assigned:	04/03/2015	Date of Injury:	09/22/2013
Decision Date:	05/12/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/27/2015

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:

The injured worker is a 38-year-old male who sustained an industrial injury on 9/22/13. Injury occurred while changing a tire. Past surgical history was for positive for left lumbar hemilaminectomy, L5 foraminotomy, and L5/S1 subtotal discectomy on the left side on 1/22/14. The 8/6/14 lumbar spine MRI impression documented L5/S1 disc extrusion which contacted the bilateral descending L5 nerve roots, and effacement of the right lateral recess at L4/5 with encroachment upon the descending right L5 nerve root. There was severe facet arthropathy at L5/S1 and moderate facet arthropathy at L4/5. There was a T11/12 disc protrusion that mildly indented the ventral aspect of the spinal cord. An addendum to the lumbar spine report stated that there was evidence of a left sided hemilaminotomy at L5 with left lateral recess discectomy at L5/S1, with successful decompression of the descending S1 nerve root. The 1/19/15 pain management report cited lower back pain with episodic symptoms radiating down the left leg. He developed significant pain down his leg with weakness and numbness. He had near complete resolution of leg pain following urgent laminectomy and microdiscectomy in January 2014. Physical exam documented he favored his left leg when walking, had a ¾ inch pelvic tilt, had exquisite pain with lumbar extension and rotation, and slight decreased sensation over the dorsum of the left foot. He had no sacroiliac joint tenderness and Fabere's was negative. Straight leg raise was negative. High dose opioid use was documented with significant intermittent withdrawal symptoms, and potential for hyperalgesia. The pain management physician stated that he was difficult to treat and diagnosis his problem at the current high levels of opiates. Switching him to buprenorphine to wean down opioid medications was recommended.

Authorization for L4/5 and L5/S1 facet medial branch blocks was requested. Records indicated that 6-months of buprenorphine therapy and bilateral L4/5 and L5/S1 medial branch blocks had been certified. The 2/4/15 treating physician report cited worsening chronic lower back pain with decreased effectiveness of medications. He had undergone an evaluation with a bariatric surgery specialist who felt that he would be able to perform the anterior approach to the lumbar spine notwithstanding the injured worker's large body habitus. The injured worker wished to proceed with surgery as he was not capable of returning back his job. Medications included diazepam, Soma, and oxycodone. The treatment plan recommended anterior lumbar fusion with posterior interspinous fixation at L5/S1. The 2/17/15 utilization review modified this request to anterior lumbar interbody fusion at L5/S1 with spacer and plating, followed by posterior fusion L5-S1 with interspinous fixation with a 3-day hospital stay. The use of spinal fixation was not medically necessary. The request for bone growth stimulator was non-certified as there was no documentation of risk factors.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior lumbar interbody fusion at L5-S1 with spacer and plating followed by posterior fusion L4-S1 with interspinous fixation: 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.

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 patients with increased spinal instability after surgical decompression at the level of degenerative spondylolisthesis. Guidelines state there was no good evidence that spinal fusion alone was 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 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. Guidelines state that spinal fusion is recommended as an option for spinal fracture, dislocation, spondylolisthesis or frank neurogenic compromise, subject to the selection criteria. 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 low back and episodic left leg symptoms. There are no current significant clinical exam findings documented to correlate with imaging evidence of right L5 nerve root compression at L4/5 and L5/S1. There is no radiographic evidence of spinal segmental

instability. There is no evidence that the patient had completed the recommended opioid weaning and diagnostic medial branch blocks as requested by the pain management physician to clarify the diagnosis. There was no evidence of a psychosocial screen. It was noted that the 2/17/15 utilization review modified this request to anterior lumbar interbody fusion at L5/S1 with spacer and plating, followed by posterior fusion L5-S1 with interspinous fixation with a 3-day hospital stay. There is no compelling rationale to support any additional surgical procedure. Therefore, this request is not medically necessary.

Bone growth stimulator for lumbar spine: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back $i\frac{1}{2}$ Lumbar & Thoracic: Bone growth stimulators (BGS).

Decision rationale: The California MTUS guidelines are silent regarding bone growth stimulators. The Official Disability Guidelines indicate that bone growth stimulators are under study and may be considered medically necessary as an adjunct to lumbar spinal fusion surgery for patients with any of the following risk factors for failed fusion: 1) One or more previous failed spinal fusion(s); (2) Grade III or worse spondylolisthesis; (3) Fusion to be performed at more than one level; (4) Current smoking habit; (5) Diabetes, Renal disease, Alcoholism; or (6) Significant osteoporosis which has been demonstrated on radiographs. Guideline criteria have not been met. This injured worker has not been approved for a spinal fusion at more than one level, and there is no evidence of significant spondylolisthesis. There is no documentation in the provided medical records that any other risk factors exist. Therefore, this request is not medically necessary.