

Case Number:	CM15-0060810		
Date Assigned:	04/07/2015	Date of Injury:	05/06/2013
Decision Date:	05/19/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/31/2015

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 51 year old female, who sustained an industrial injury on May 6, 2013. She has reported lower back pain, bilateral leg pain, shoulder pain, and wrist pain. Diagnoses have included Grade II Spondylolisthesis, L5-S1, and lumbar spine disc herniation, and foraminal stenosis. Treatment to date has included medications, epidural injections, physical therapy, imaging studies, and diagnostic testing. A progress note dated February 6, 2015 indicates a chief complaint of lower back pain radiating to the bilateral legs. The treating physician documented a plan of care that included 2 level spinal fusion surgery and associated services. Utilization review certified the fusion at L5-S1 based upon clinical findings, EMG findings of S1 radiculopathy, and MRI findings. However, the fusion at L4-5 was noncertified as there was mild foraminal narrowing, no electrodiagnostic evidence of L5 radiculopathy, and no clinical evidence of L5 radiculopathy and no instability on flexion-extension films. A request for a bone growth stimulator was also noncertified. CA MTUS and ODG guidelines were cited. This is now appealed to an independent medical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar anterior and posterior L4-5 fusion and decompression: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The injured worker has evidence of radiculopathy with bilateral diffuse muscle weakness of the legs and MRI evidence of L5-S1 spondylolisthesis associated with foraminal stenosis and electrophysiologic evidence of right S1 radiculopathy. X-rays of the lumbar spine dated 11/12/2014 revealed grade 2 spondylolisthesis at L5-S1 without motion on flexion and extension. There were minimal degenerative changes at other levels. No instability was documented at L4-5. MRI scan of the lumbar spine dated 10/17/2014 revealed "9 mm anterolisthesis of L5 on S1 associated with bilateral L5 pars interarticularis defects. Vertebral bodies have normal height and marrow signal. Moderate loss of disc space at L5-S1 is noted. There is mild loss of disc at L3-4 and L4-5. Diffuse disc desiccation at multiple levels is noted. Impression: L5-S1: 6-7 mm diffuse disc bulge. There is severe bilateral neural foraminal encroachment due to combination of spondylolisthesis, disc bulge and ligamentum flavum hypertrophy. No central canal stenosis. There is grade 1 spondylolisthesis with bilateral spondylolysis at this level. Minimal disc bulges at L4-5 and L3-4. Facet joint osteoarthritis, most severe at L5-S1. Incidentally noted is an enlarged liver, partially imaged. Consider correlation with ultrasound as clinically indicated."California MTUS guidelines indicate patients with increased spinal instability after surgical decompression at the level of degenerative spondylolisthesis may be candidates for fusion. The injured worker has evidence of spondylolytic spondylolisthesis and not degenerative spondylolisthesis. The flexion/extension films do not document translation at L5-S1. However, there is severe foraminal narrowing documented on the MRI scan. The decompressive procedure at this level is likely to result in iatrogenic instability and so the fusion procedure at L5-S1 is appropriate and medically necessary. However, there is mild foraminal narrowing documented at L4-5 with no radiculopathy documented at this level on the electrophysiologic studies. There is no instability on the flexion/extension films as reported. A wide decompression is not necessary at L4-5 and so iatrogenic instability will not be an issue. As such, the request for L4-5 decompression and anterior and posterior fusion is not supported and therefore not medically necessary.

bone stimulator (rental or purchase not provided): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Low Back, Topic: Bone growth stimulation.

Decision rationale: ODG criteria for use of invasive or noninvasive electrical bone growth stimulators as an adjunct to spinal fusion include one or more previous failed spinal fusions, grade 3 or worse spondylolisthesis, fusion to be performed at more than one level, current smoking habit, diabetes, renal disease, alcoholism, or significant osteoporosis which has been

demonstrated on radiographs. The documentation provided does not indicate any of these factors. The spondylolisthesis is grade 2. The fusion to be performed is at 1 level. There is no current smoking habit, history of diabetes, renal disease or alcoholism or osteoporosis documented. As such, the request for a bone growth stimulator is not supported by guidelines and therefore not medically necessary.