

Case Number:	CM15-0076055		
Date Assigned:	08/24/2015	Date of Injury:	09/10/1993
Decision Date:	10/12/2015	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	04/21/2015

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: California, Oregon, Washington
 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 is an 84-year-old male worker who was injured on 9-10-1993. The medical records reviewed indicated the injured worker (IW) was treated for back pain and kyphosis. The most recent progress note (9-26-14) showed the IW had neck pain and back pain rated 4 out of 10. He reported left leg weakness and progressive gait disturbance. Weakness was present in both legs, worse on the left in the posterior lower leg, and he felt he could not walk any distance due to weakness and forward posture. Pain was rated 2 out of 10 in the right leg and 6 out of 10 in the left leg. He stated sitting relieved his symptoms. He reported a "-60% change in his overall condition", since his previous visit. He was continuing physical therapy. The IW was retired. On physical examination (9-27-14 record) there was weakness in the tibialis anterior and the extensor hallucis longus at grade 3 on the right and 4 on the left, and in the gastroc-soleus at grade 4 bilaterally. Sensation was diminished in the left L5 dermatome. Reflexes were 1+ throughout the upper and lower extremities, with the exception of Hoffman's and Babinski's, which were absent bilaterally. The treating provider reported the cervical MRI results as "central stenosis at C6-7, C7-T1." Severe cervical spinal stenosis. Severe thoracic kyphosis identified and multilevel stenosis secondary to his kyphosis. Treatments have included physical therapy; aquatic therapy; home exercise; posterior cervical decompression (1984); posterior lumbar fusion; and lumbar laminectomy. An X-ray scoliosis study on 9-26-14 showed exaggerated thoracic kyphosis; posterior L3 to S1 fusion without evidence of hardware complications or loosening; mild grade 1 anterolisthesis of C3 on C4 and C4 on C5; multilevel degenerative disc disease (DDD) in the visualized cervical spine and throughout the visualized thoracic spine with

prominent anterior marginal osteophytes; severe DDD at L1-L2 and L2-L3 with large anterior marginal osteophytes; retrolisthesis of L2 on L3; and mild anterolisthesis of L4 on L5. Cervical and thoracic MRIs were submitted from 10-3-13. A Request for Authorization on 9-30-14 asked for T3-S1 posterior spinal fusion with L3 pedicle subtraction osteotomy and possible thoracic osteotomy; 3 days inpatient stay; and an assistant surgeon. The Utilization Review on 10-8-14 non-certified the request for T3-S1 posterior spinal fusion with L3 pedicle subtraction osteotomy and possible thoracic osteotomy, as the guideline criteria were not met. There was no psychological screen or evaluation submitted. The requests for 3 days inpatient stay and an assistant surgeon were non-certified because the requested procedure was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

T3-S1 Posterior Spinal Fusion with L3 Pedicle Subtraction Osteotomy and Possible Thoracic Osteotomy: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Fusion (spinal).

Decision rationale: The ACOEM Guidelines Chapter 12 Low Back Complaints page 307 state that lumbar fusion, "Except for cases of trauma-related spinal fracture or dislocation, fusion of the spine is not usually considered during the first three months of symptoms. Patients with increased spinal instability (not work-related) after surgical decompression at the level of degenerative spondylolisthesis may be candidates for fusion." According to the ODG, Low back, Fusion (spinal) should be considered for 6 months of symptoms. Indications for fusion include neural arch defect, segmental instability with movement of more than 4.5 mm, revision surgery where functional gains are anticipated, infection, tumor, deformity and after a third disc herniation. In addition, ODG states, there is a lack of support for fusion for mechanical low back pain for subjects with failure to participate effectively in active rehab pre-op, total disability over 6 months, active psych diagnosis, and narcotic dependence. In this particular patient, there is lack of medical necessity for lumbar fusion as there is no evidence of segmental instability greater than 4.5 mm, severe stenosis or psychiatric clearance from the exam note of 9/27/14 to warrant fusion. Therefore, the determination is non-certification for lumbar fusion.

Associated Surgical Service: 3 Day Inpatient Stay: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Fusion (spinal).

Decision rationale: The ACOEM Guidelines Chapter 12 Low Back Complaints page 307 state that lumbar fusion, "Except for cases of trauma-related spinal fracture or dislocation, fusion of the spine is not usually considered during the first three months of symptoms. Patients with increased spinal instability (not work-related) after surgical decompression at the level of degenerative spondylolisthesis may be candidates for fusion." According to the ODG, Low back, Fusion (spinal) should be considered for 6 months of symptoms. Indications for fusion include neural arch defect, segmental instability with movement of more than 4.5 mm, revision surgery where functional gains are anticipated, infection, tumor, deformity and after a third disc herniation. In addition, ODG states, there is a lack of support for fusion for mechanical low back pain for subjects with failure to participate effectively in active rehab pre-op, total disability over 6 months, active psych diagnosis, and narcotic dependence. In this particular patient, there is lack of medical necessity for lumbar fusion as there is no evidence of segmental instability greater than 4.5 mm, severe stenosis or psychiatric clearance from the exam note of 9/27/14 to warrant fusion. Therefore, the request is not medically necessary for lumbar fusion.

Associated Surgical Service: Assistant Surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Fusion (spinal).

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate. This review presumes that a surgery is planned and will proceed. There is no medical necessity for this request if the surgery does not occur.