

Case Number:	CM15-0082568		
Date Assigned:	05/05/2015	Date of Injury:	09/19/2014
Decision Date:	06/04/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	04/29/2015

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:

This injured worker is a 47-year-old female who sustained an industrial injury on 9/19/14. Injury occurred relative to a slip and fall. The 1/24/15 lumbar spine MRI impression documented multilevel degenerative disc disease with a mild to moderate degree of canal stenosis at L3/4 and L4/5. At L3/4, there was a moderate diffuse disc bulge, mild to moderate facet joint and ligamentum flavum hypertrophy, and mild to moderate central canal stenosis. The neural foramen were patent. At L4/5, there was degenerative disc disease with a moderate diffuse disc bulge. There was moderate facet joint and ligamentum flavum hypertrophy and mild to moderate central canal stenosis. The neural foramen were patent. The 4/2/15 treating physician report cited incapacitating back pain and radicular symptoms, numbness, tingling and pain radiating down both lower extremities. Physical exam documented lumbar paraspinal tenderness, guarding and spasms with painful loss of range of motion. Neurologic exam documented positive straight leg raise and loss of sensation in an L4 and L5 distribution bilaterally. The recent MRI showed hypertrophic changes at the ligamentum flavum and facet joints with moderate central stenosis at L4/5. There were moderate hypertrophic changes posteriorly with moderate central canal stenosis at L3/4. Flexion, extension, and lateral x-rays revealed spinal instability at the L3/4 and L4/5 levels with over 20 degrees of angulation at both L3 and L4/5, and 5 mm of translation on flexion/extension films. The diagnosis was musculoligamentous sprain/strain of the lumbar spine, spinal instability L3/4 and L4/5, spinal stenosis L3/4 and L4/5, and lower extremity L4 and L5 radiculopathy. The injured worker had failed over 6 months of conservative treatment including 24 visits of physical therapy, medications, work modifications, and an epidural steroid

injection. Authorization for requested for anterior lumbar decompression and interbody stabilization L3/4 and L4/5 with assistant surgeon and 2-3 night stay, LSO back brace, and bone growth stimulator. The 4/29/15 utilization review non-certified the request for anterior lumbar decompression and interbody stabilization L3/4 and L4/5 and associated surgical requests as there was no clear documentation relative to spinal instability and at what level the 5 mm of translation occurred. The 4/30/15 treating physician report appeal letter stated that the injured worker was unstable with 5 mm of translation and 20 degrees of angulation at both the L3/4 and L4/5 levels, which was why interbody stabilization was requested at both levels.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior lumbar decompression and interbody stabilization L3-4, L4-5, with assistant surgeon with a 2-3 night stay: Overturned

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): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Lumbar & Thoracic: Discectomy/Laminectomy, Fusion (spinal); Hospital length of stay (LOS); Surgical assistant.

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 is 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 recommend criteria for lumbar decompression that include symptoms/findings that confirm the presence of radiculopathy and correlate with clinical exam and imaging findings. Guideline criteria include evidence of nerve root compression, imaging findings of nerve root compression, lateral disc rupture, or lateral recess stenosis, and completion of comprehensive conservative treatment. 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. The recommended median and best practice target hospital length of stay for anterior or posterior lumbar fusion is 3 days. Surgical assistant is supported for the applicable CPT code 22558. Guideline criteria have been met. This injured worker presents with persistent and incapacitating back pain radiating to both lower extremities in an L4 and L5 distribution. Clinical exam findings are consistent with imaging evidence of plausible neurocompression. There is radiographic evidence of spinal segmental instability at both the L3/4 and L4/5. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. There is no documentation in the file suggestive of psychosocial

issues. The requests for 2-3 day inpatient stay and assistant surgeon are consistent with guidelines. Therefore, this request is medically necessary.

Associated surgical services LSO back brace: Overturned

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 lumbar support.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM). Occupational Medical Practice Guidelines 2nd Edition. Chapter 12 Low Back Disorders. (Revised 2007) page(s) 138-139.

Decision rationale: The California MTUS guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The revised ACOEM Low Back Disorder guidelines do not recommend the use of lumbar supports for prevention or treatment of lower back pain. However, guidelines state that lumbar supports may be useful for specific treatment of spondylolisthesis, documented instability, or post-operative treatment. The use of a lumbar support in the post-operative period for pain control is reasonable and supported by guidelines. Therefore, this request is medically necessary.

Associated surgical services Orthodox external bone growth stimulator: Overturned

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 stimulator.

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 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 been met on the basis of a two-level fusion. Therefore, this request is medically necessary.