

Case Number:	CM15-0083488		
Date Assigned:	05/05/2015	Date of Injury:	05/10/1988
Decision Date:	06/05/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	05/01/2015

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 77-year-old male who sustained an industrial injury on 5/10/88. The mechanism of injury was not documented. Past surgical history was positive for posterior L4/5 instrumented fusion and bilateral inguinal hernia repair. The 3/9/15 lumbar spine MRI impression documented post-operative changes compatible with L4/5 posterior laminectomy and osteometallic fusion, and a background of moderate-severe lumbar spondylosis and posterior facet arthropathy without significant central canal stenosis. There was moderate to severe bilateral neuroforaminal stenosis at L5/S1, greater on the left, largely due to severe posterior facet arthropathy and a small broad-based posterior disc bulge. The 4/1/15 initial orthopedic surgery report cited severe radiating pain in the right hip, back, and both legs with associated numbness and generalized weakness in his legs. He reported poor balance and difficulty with gait. Symptoms were worse with all activities. Conservative treatment had included medications, heat/ice, surgery, exercise, and physical therapy. Physical exam documented difficulty with heel and toe walk with some generalized underlying weakness, but no significant focal weakness. Straight leg raise was negative. MRI showed a history of fusion at the L4/5 level with anteroposterior fixation, and compression at the L5/S1 with severe bilateral neuroforaminal stenosis. The injured worker was status post prior mesh fixation of a hernia. He wanted to proceed with an anterior lumbar interbody fusion and would need clearance from the vascular surgeon for an anterior approach due to prior hernia surgery. The 4/13/15 utilization review non-certified the request for anterior lumbar interbody fusion as there was no evidence of spinal segmental instability or psychological screening. The 4/15/15 vascular surgeon report indicated the injured worker was cleared to undergo L5/S1 anterior lumbar interbody 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 (unknown levels and number of days of IP stay):

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- TWC Low Back Procedure Summary Online Version last updated 03/24/2015.

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 recommend surgical consideration when there is severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise. Guidelines require clear clinical, imaging and electrophysiologic evidence of a lesion that has been shown to benefit both in the short term and long term from surgical repair. The guidelines recommend that clinicians consider referral for psychological screening to improve surgical outcomes. Lumbar fusion is not recommended as a treatment for spinal stenosis unless concomitant instability or deformity has been proven. 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. Fusion is recommended for objectively demonstrable segmental instability, such as excessive motion with degenerative spondylolisthesis. Fusion may be supported for surgically induced segmental instability. 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 severe low back and right hip pain radiating into the lower extremities, and associated with numbness and generalized weakness. Functional difficulty was reported with gait and balance. Clinical exam did not evidence a focal neurologic deficit. There was imaging evidence of moderate to severe L5/S1 bilateral neuroforaminal stenosis. There was no radiographic evidence of spinal segmental instability or discussion of the need for wide surgical decompression. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure was not submitted. A psychosocial screen was not evidenced. Therefore, this request is not medically necessary at this time.