

Case Number:	CM14-0142924		
Date Assigned:	09/10/2014	Date of Injury:	08/23/2008
Decision Date:	10/14/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	09/03/2014

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. The expert reviewer is Board Certified in Orthopedic Spine Surgeon and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 62-year-old female who reported an injury on 08/23/2008. The mechanism of injury was a trip and fall. The injured worker underwent an MRI of the lumbar spine on 07/16/2014 which revealed at L2-3, there was an interval worsening of the disc space narrowing with severe disc space narrowing on the current examination. There were moderate degenerative endplate changes that were slightly increased compared to the prior examination. There was a broad based posterior disc osteophyte complex measuring a maximal of 3 mm in AP diameter. At L5-S1, there were mild bilateral facet degenerative changes. The injured worker had mild scoliosis. The injured worker underwent a prior cervical discectomy and fusion at C5-7. The injured worker underwent a left sided sacroiliac joint block under fluoroscopic guidance. The injured worker's medications were noted to include Norco 2.5/325 mg, omeprazole 20 mg, and Terocin patches, as well as cyclobenzaprine, and tramadol ER. Additional surgical procedures were noncontributory. The injured worker underwent a nuclear medicine SPECT bone scan on 03/05/2014 which revealed there was a focus of moderate increased radiotracer at the level of L2-3 of the mid line involving the endplates. When correlated with the old MRI of the lumbar spine dated 10/07/2012, there were degenerative endplates changes at this area. The documentation of 05/22/2014 revealed the injured worker had left sided paraspinal tenderness at L3. Motor strength testing was grossly intact. The injured worker walked with a significant limp on the left side. The injured worker had decreased range of motion of the lumbar spine. The MRI scan revealed the injured worker had a broad based protrusion at L3-4 and had advanced collapse at L2-3. Per the physician, the documentation was dated 10/12/2011. The injured worker was noted to have undergone x-rays that demonstrated advanced disc space narrowing at L2-3 in comparison with prior x-rays from 2 years ago. The injured worker had developed a worsening collapse. Previously, the injured worker had a vacuum phenomenon which appeared to be more

pronounced on the films. There was diffuse osteopenia. The diagnoses included L2-3 advanced discopathy with increased uptake on bone scan and a history of prior L3-4 disc protrusion based on the old MRI. The treatment plan included a spinal fusion at L2-3 and possibly L3-4. The treatment plan also included bone densitometry and an MRI of the lumbar spine as well as a 6 panel urine drug screen. Subsequent documentation of 07/18/2014 revealed the injured worker had ongoing pain in the low back pain with no radiculopathy. The injured worker had focally tenderness mid line and left L2-4 tenderness, as well as tenderness at the superior iliac crest. The motor strength testing was intact. The documentation further indicated the MRI of the lumbar spine demonstrated multilevel diffuse arthrosis; however, there was notable and marked discogenic collapse at L2-3, which had clearly progressed compared to the prior study. There was an evaluation of the bone density which was performed and revealed the injured worker had osteopenia rather than osteoporosis. The treatment plan included an extreme lateral interbody fusion at L2-3 followed a posterior fusion at L2-3. The physician documented, due to the injured worker's osteopenia, the recommendation was made for an anterior/posterior fusion rather than a standalone anterior fixation only. There was a detailed Request for Authorization submitted for review. The diagnoses included degeneration of lumbar or lumbosacral intervertebral disc and sacroiliitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extreme Lateral Interbody Fusion L2-L3 QTY #1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 307. Decision based on Non-MTUS Citation MTUS 2009

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

Decision rationale: The American College of Occupational and Environmental Medicine indicate a surgical consultation may be appropriate for injured workers who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies preferably with accompanying objective signs of neural compromise. There should be documentation of activity limitations due to radiating leg pain for more than 1 month or the extreme progression of lower leg symptoms, and clear clinical, imaging and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair and documentation of a failure of conservative treatment to resolve disabling radicular symptoms. Additionally, there is no good evidence from controlled trials that spinal fusion alone is effective for treating any type of acute low back problem, in the absence of spinal fracture, dislocation, or spondylolisthesis if there is instability and motion in the segment operated on. The clinical documentation submitted for review indicated the injured worker had undergone conservative care. However, there was a lack of documentation of the type of conservative care and the exhaustion of conservative care. The MRI was not provided for review to support the necessity for a fusion. The clinical documentation submitted for review indicated the injured worker was to undergo an anterior and posterior spinal fusion. There was a lack of documentation of radiologic findings of instability on flexion and extension to support the

necessity for the procedure. Given the above, the request for Extreme Lateral Interbody Fusion L2-L3 QTY #1 is not medically necessary.

Posterior Spinal Fusion L2-L3 QTY #1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 307. Decision based on Non-MTUS Citation MTUS 2009

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

Decision rationale: The American College of Occupational and Environmental Medicine indicate a surgical consultation may be appropriate for injured workers who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies preferably with accompanying objective signs of neural compromise. There should be documentation of activity limitations due to radiating leg pain for more than 1 month or the extreme progression of lower leg symptoms, and clear clinical, imaging and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair and documentation of a failure of conservative treatment to resolve disabling radicular symptoms. Additionally, there is no good evidence from controlled trials that spinal fusion alone is effective for treating any type of acute low back problem, in the absence of spinal fracture, dislocation, or spondylolisthesis if there is instability and motion in the segment operated on. The clinical documentation submitted for review indicated the injured worker had undergone conservative care. However, there was a lack of documentation indicating the prior conservative care and an exhaustion of conservative care. The documentation submitted for review failed to provide the MRI to support the necessity for a fusion. There was a lack of documentation of an exhaustion of conservative care. The clinical documentation submitted for review indicated the injured worker was to undergo an anterior and posterior spinal fusion. There was a lack of documentation of radiologic findings to support the necessity for the procedure. Given the above, the request for Posterior Spinal Fusion L2-L3 QTY #1 is not medically necessary.

Inpatient Stay QTY #3: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 307. Decision based on Non-MTUS Citation MTUS 2009

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Assistant Surgeon: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation MTUS 2009

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.