

Case Number:	CM14-0143525		
Date Assigned:	09/25/2014	Date of Injury:	08/10/2013
Decision Date:	10/29/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/04/2014

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 Surgery and is licensed to practice in California. 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 patient is a 40 year old male who sustained an industrial injury on 8/10/2013, to the low back. The treatment has included medications, physical therapy and lumbar epidural injection. The patient underwent an orthopedic agreed medical evaluation on 5/21/2014 and the diagnosis included chronic recurrent musculoligamentous injury lumbosacral spine and grade 1 spondylolisthesis at L5-S1. On clinical examination there is a mild left L5-s1 sensory radiculopathy. There is MRI evidence of moderate to severe foraminal stenosis, left greater than right, at L5-s1 foramen on study dated 11/4/2013. 3. Claimed industrial psychological injury, internal medicine injury, not evaluated. The agreed medical evaluation recommended the patient should complete series of lumbar epidural injections and if remained symptomatic could potentially be candidate for decompression and arthrodesis at L5-S1 level. According to the primary treating physician progress report dated 8/6/2014 the patient has recently completed all but one physical therapy session to instruct him in a home exercise program. He states he is fully familiar with home exercise program. He reports minimal improvement in symptoms with therapy. He continues to utilize Norco and Flexeril daily. He has been experiencing increased anxiety regarding symptoms. He has not worked since August 2013. He complains of low back pain which radiates into the buttocks, posterior thighs and calves bilaterally, left greater than right, and numbness and tingling in the lateral calves and feet bilaterally. Physical examination demonstrates normal gait, normal ability to heel/toe walk, back pain with lumbar flexion to knees, 10 degrees extension and 25 degrees right/left flexion, 5/5 motor strength, decreased light touch in the left posterior calf, 2+ deep tendon reflexes, negative flexion, abduction, external rotation and straight leg raise test bilaterally. There is lumbosacral midline tenderness and no spasm. Diagnoses are lumbar strain; thoracic strain; lytic grade 1 spondylolisthesis with advanced degenerative disc disease L5-S1 sciatica; and moderate to severe right and moderate to

severe left neural foraminal stenosis L5-S1 and surgical intervention with L5-S1 laminectomy and fusion with instrumentation. Patient was provided prescriptions for Flexeril and Xanax.

IMR ISSUES, DECISIONS AND RATIONALES

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

Laminectomy L5 and partial S1, Posterior Lumbar Interbody Fusion with Interbody Fusion Cage L5-S1: 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Spinal Fusion

Decision rationale: The ODG states that pre-operative surgical indications "Recommended: Pre-operative clinical surgical indications for spinal fusion should include all of the following: (1) All pain generators are identified and treated; & (2) All physical medicine and manual therapy interventions are completed; & (3) X-rays demonstrating spinal instability and/or myelogram, CT-myelogram, or discography (see discography criteria) & MRI demonstrating disc pathology correlated with symptoms and exam findings; & (4) Spine pathology limited to two levels; & (5) Psychosocial screen with confounding issues addressed. (6) For any potential fusion surgery, it is recommended that the injured worker refrain from smoking for at least six weeks prior to surgery and during the period of fusion healing." According to the guidelines, spinal fusion in the absence of fracture, dislocation, unstable spondylolisthesis, tumor or infections, is not supported. The medical records do not establish there is spinal instability at the L5-S1 level, to warrant consideration of fusion. Also, there is no evidence that psychological clearance has been obtained. Given these factors, the medical records do not establish the patient is a candidate for the proposed surgical procedure. The medical necessity of the request has not been established.

Posterolateral fusion with pedicle screw instrumentation L5-S1: 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 Official Disability Guidelines (ODG)

Decision rationale: The ODG states that pre-operative surgical indications "Recommended: Pre-operative clinical surgical indications for spinal fusion should include all of the following: (1) All pain generators are identified and treated; & (2) All physical medicine and manual therapy interventions are completed; & (3) X-rays demonstrating spinal instability and/or myelogram, CT-myelogram, or discography (see discography criteria) & MRI demonstrating disc pathology correlated with symptoms and exam findings; & (4) Spine pathology limited to two levels; & (5) Psychosocial screen with confounding issues addressed. (6) For any potential fusion surgery, it is

recommended that the injured worker refrain from smoking for at least six weeks prior to surgery and during the period of fusion healing." According to the guidelines, spinal fusion in the absence of fracture, dislocation, unstable spondylolisthesis, tumor or infections, is not supported. The medical records do not establish there is spinal instability at the L5-S1 level, to warrant consideration of fusion. Also, there is no evidence that psychological clearance has been obtained, and current official imaging study demonstrating a surgical lesion is not provided. Given these factors, the medical records do not establish the patient is a candidate for the proposed surgical procedure. The medical necessity of the request has not been established.

Associated surgical service:Purchase of one Cyberteck Brace for post-operative use: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Low Back Chapter

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 Supports

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical service:Purchase of one 4 point wheeled walker for post-operative use: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Low Back Chapter

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, Fusion (spinal); Knee and Leg, Walking aids (canes, crutches, braces, orthoses, & walkers)

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical service:Consult for pre-operative medical clearance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Low Back Chapter

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, Preoperative testing, general

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical service:Rental of a Vascutherm Cold Compression Unit for post-operative use: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Low Back Chapter

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, cyrotherapy, Cold/Hot Packs

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.