

Case Number:	CM14-0091825		
Date Assigned:	07/25/2014	Date of Injury:	07/27/1984
Decision Date:	09/17/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/16/2014

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 Surgery 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 76-year-old male, who reported injury on 07/27/1984. The mechanism of injury his injury was climbing down inside a Gyradisc crusher when he slipped. The prior treatments include medial branch blocks and epidural steroid injections. The diagnoses included spinal stenosis lumbar region. He was noted to undergo multiple lumbar spine surgeries. He had a dorsal column stimulator placement. He underwent a fluoroscopically guided CT myelogram on 05/30/2014, which revealed there was spinal stenosis at L2-3 with clumping of the cauda equina nerve roots in the thecal sac in the lower thoracic and lumbar spine. There was no evidence of a myelographic block. On 05/30/2014, the injured worker underwent a CT of the lumbar spine, which revealed a displacement of the cord to dorsal thecal sac at T11-12, possibly tethered, unchanged septation at L1-2 and new septation of the thecal sac from T12-L1 related to chronic arachnoiditis from T11-L5. There was hardware removal from L1-3 and posterior fusion from L4-5 without hardware loosening or fracture. There was an interval development of a grade 1 retrolisthesis, progression of disc bulging and epidural venous plexus expansion resulting in compression of the thecal sac, and neural foraminal stenosis at L2-3. There was an interval progression of bony fusion at T12-L1, L3-4, and L4-5. The injured worker underwent an electrodiagnostic study on 05/30/2014, which revealed bilateral lower extremity acute right S1 radiculopathy. He also underwent x-rays of the lumbar spine, including a scoliosis study, on 06/27/2014, which revealed worsening of the L2-3 disc, now with complete degenerative disc collapse and endplate sclerosis, right greater than left. The documentation of 04/03/2014 revealed the injured worker's medications included Cymbalta 30 mg capsules, Glipizide 5 mg SR, Aspirin 81 mg tablets, Hydrocodone 5/325, Lisinopril/Hydrochlorothiazide 10/12.5 mg, Mag Oxide, and Tamulosin as well as Temazepam. He had persistent back pain that was excruciating and interfering with the qualities of his daily life. He had radiating buttock and thigh pain. The

physical examination revealed 5/5 motor strength. The sensation was intact to light touch, and the straight leg raise was negative. There was tenderness at midline in the paraspinal musculature at the lumbosacral junction. The physician documented that he reviewed the previous CT scans and the x-rays that demonstrated significant spondylosis that was present throughout the lumbar spine. It was indicated the injured worker had significant degenerative disc disease at multiple levels and notably worse at L5-S1, which was the caudal most portion of his previous fusion. There was noted to be pseudarthrosis at L2-3. There appeared to be a bony fusion anteriorly below this. However, there was retrolisthesis of L5 on S1. The physician opined there may not be significant central canal stenosis; however, there were multiple levels of spinal stenosis and degenerative changes. The treatment plan included a T10 to pelvis posterior revision fusion, likely with the revision fusion. There was a Request for Authorization for the requested procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Posterior spinal fusion T20-pelvis: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines- TWC, Low Back Procedure Summary last updated 5/12/14.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 30.

Decision rationale: The American College of Occupational and Environmental Medicine indicate a surgical consultation may be appropriate for injured workers who have persistent severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies. There should be documentation of accompanying objective signs of neural compromise, activity limitations due to radiating leg pain for more than 1 month or the extreme progression of lower leg symptoms, 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 failure of conservative treatment to resolve disabling radicular symptoms. The clinical documentation submitted for review failed to provide documentation of imaging evidence of a lesion that has been shown to benefit in both the long and short term from surgical repair for the multiple levels of the requested surgery. There was a lack of documentation of clinical findings to support the necessity for a fusion. There was a lack of documentation indicating an exhaustion of conservative treatment. The request as submitted indicated the request was for a spinal fusion T20 to pelvis. There is no T20 level. There was a lack of documented clarification. Given the above, the request for Posterior spinal fusion T20-pelvis is not medically necessary.

7-10 inpatient stay: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- TWC, Low Back Procedure Summary, last updated 5/12/14 and ODG Hospital Length of Stay Guidelines.

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

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