MAXIMUS Federal Services

Case Number:	CM14-0095109		
Date Assigned:	07/25/2014	Date of Injury:	03/23/2012
Decision Date:	10/06/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	06/23/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 63-year-old male who has submitted a claim for compression fracture L1 vertebral body, compression fracture L2 vertebral body, L3-L4 degenerative disc disease and facet arthropathy with mild right neural foraminal stenosis, L4-L5 facet arthropathy with moderate to severe bilateral foraminal stenosis, and L3, L4, L5 right radiculopathy associated with an industrial injury date of March 23, 2012.Medical records from 2013-2014 were reviewed. The patient complained of low back pain, rated 7/10 in severity. The pain was burning and radiates down the lateral aspect of both legs, right worse than left. There was weakness in his legs and has trouble walking greater than 15-20 minutes or standing for long periods of time. Physical examination showed tenderness of the lumbar paraspinals, right sacroiliac, and right sciatic notch. Muscle spasms were also present on both lumbar paraspinals. Range of motion was limited. There was decreased sensation on the right lower extremity. Motor strength was 4/5 on right quadriceps, hamstrings, anterior tibial, extensor halluces longus, and peroneals. MRI of the lumbar spine, dated January 10, 2014, revealed old compression fracture of L2 and L4 with vertebral body height loss, multilevel advanced degenerative disc disease maximal at L4-L5, L3-L4 mild spinal canal stenosis with mild bilateral neuroforaminal narrowing without evidence of nerve root impingement, and L5-S1 severe foraminal stenosis on the right and moderate on the left with ventral compression of the nerve from the disc. Official report of the imaging study was not available.Treatment to date has included medications, physical therapy, home exercise program, activity modification, TENS unit, lumbar epidural steroid injection, and facet block injections.Utilization review, dated June 16, 2014, denied the request for inpatient L5-S1 anterior lumbar interbody fusion (ALIF) surgery because there was no evidence of instability, and it was unclear why a decompression procedure is not adequate to address continued lumbar symptomatology.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 Lumbosacral Interbody Fusion.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

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 Section, Fusion (spinal)

Decision rationale: Pages 305 - 307 of CA MTUS ACOEM Guidelines state that lumbar surgical intervention is recommended for patients who have: severe lower leg symptoms in the distribution consistent with abnormalities on imaging studies, preferably with accompanying objective signs of neural compromise; activity limitations for more than one month; clear imaging of a lesion; and failure of conservative treatment to resolve disabling radicular symptoms. ODG states that indications for spinal fusion may include: (1) neural arch defect; (2) segmental instability (objectively demonstrable); (3) primary mechanical back pain/functional spinal unit failure/instability; and (4) infection, tumor, or deformity that cause intractable pain, neurological deficit and/or functional disability. In addition, ODG states that pre-operative surgical indication recommendation for lumbar fusion should include all of the following: (1) all pain generators identified, (2) all physical medicine completed, (3) imaging studies to support level of operation, (4) spine pathology limited to two levels, (5) psychosocial screen, and (6) patient should refrain from smoking for at least 6 weeks prior to surgery. In this case, the patient has persistent low back pain with physical examination findings consistent with radiculopathy. MRI of the lumbar spine dated January 10, 2014, revealed L5-S1 severe foraminal stenosis on the right and moderate on the left with ventral compression of the nerve from the disc. There is evidence of nerve compromise on the desired level for the requested operation. The patient feels that conservative treatment have not helped him to decrease his pain. Patient likewise does not smoke. However, there was no documentation of a psychosocial screen which would be necessary before undergoing a fusion procedure. There is no evidence of dynamic instability or degenerative spondylolisthesis. Guideline criteria were not met. Therefore, the request for L5-S1 Lumbosacral Interbody Fusion is not medically necessary.