

Case Number:	CM15-0011263		
Date Assigned:	01/28/2015	Date of Injury:	07/26/2006
Decision Date:	03/20/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/20/2015

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:

The injured worker is a 64 year old male patient, who sustained an industrial injury on 07/26/2006. The reported low back injury occurred relative to heavy lifting. Conservative treatment has included physical therapy, epidural steroid injections, and lumbar facet injections. The 7/11/14 lumbar spine x-rays demonstrated multilevel grade 1 spondylolisthesis with mild instability. There was grade 1 retrolisthesis of L3 relative to L4, which was greater than L4 relative to L5, which was greater than L2 to L3, and slightly progressed with extension. The 10/2/14 lumbar MRI impression documented L5/S1 disc degeneration with mild annular bulging and retrolisthesis, mild to moderate foraminal stenosis, type I end plate change, and a vacuum phenomenon. At L4/5, there was marginal osseous ridging with mild bilateral foraminal stenosis, Schmorls node formation type 2 end plate change and minimal type 1 end plate change posteriorly. There was disc degeneration and mild retrolisthesis at L3/4 with Schmorls node formation and end plate change, and minimal old anterior L1 wedge compression fracture. A PR2 dated 10/07/2014 reported chronic grade 5-9/10 low back pain with intermittent radiculopathy and numbness to both feet. The patient has been through multiple conservative treatment measures, none of which have offered any significant relief. Physical examination documented tenderness over the central L5 region. There was normal lower extremity strength and deep tendon reflexes. Sensation was decreased in the soles of both feet. The treatment plan recommended surgery to relieve chronic pain, now present for over 8 years. There was degenerative disc disease at L3-4, L4-5 and L5-S1, so it was difficult to determine which disc is causing him the most pain. A discogram was recommended with anterior fusion planned based

on discogram findings. On 12/30/2014 Utilization Review non-certified the request for an anterior lumbar spine fusion at L4-S1, assistant surgeon, and a 3-5 day inpatient hospitalization, noting the Official Disability Guidelines. The injured worker submitted an application for independent medical review of services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgery- Spinal Anterior Lumbar Interbody Fusion, At L4-S1 Quantity: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Low Back Lumbar & Thoracic: Fusion (Spinal)

Decision rationale: The California MTUS guidelines indicate that there was no good evidence that spinal fusion alone was effective for treating any type of acute low back problem, in the absence of spinal fracture, dislocation, or spondylolisthesis if there was instability and motion in the segment operated on. 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. 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 chronic low back pain with intermittent radiculopathy and foot numbness that has failed to respond to conservative treatment. There was imaging evidence of three-level degenerative disc disease L3/4 to L5/S1 and multilevel grade 1 spondylolisthesis with slight movement on extension films. There was no detailed guideline-associated radiographic evidence of structural instability or excessive motion with degenerative spondylolisthesis. There was no evidence of a progressive or acute neurologic dysfunction. A psychosocial screen was not evidenced. Therefore, this request for anterior lumbar spine fusion at L4-S1 is not medically necessary at this time.

Assistant Surgeon Quantity: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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.

In-Patient Hospital Stay For Three To Five Days Quantity: 5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back

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.