

Case Number:	CM15-0111153		
Date Assigned:	06/17/2015	Date of Injury:	08/21/2013
Decision Date:	07/16/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	06/09/2015

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 58-year-old female who sustained an industrial injury on 8/21/13. Injury occurred while she was moving a bookshelf. Past medical history was positive for hypertension, heart murmur, and a reaction to steroids and an epidural injection. She underwent a left L4/5 decompression and left L5/S1 foraminotomy on 3/19/14. The 7/11/14 lumbar spine x-rays demonstrated mild degenerative changes with 7 mm of spondylolisthesis at L4/5 which was stable in flexion and extension. The 10/13/14 lumbar spine MRI impression documented left laminectomy at L4/5, left laminectomy and facetectomy at L5/S1. Enhancing granulation surrounded the left L5 and S1 nerve roots in the axillary recesses. There was mild facet hypertrophy from L3/4 to L5/S1, mild disc/endplate degeneration L4-5 and L5-S1, and tiny posterior annular tear at L4-5. There was mild bilateral foraminal narrowing at L4/5 and L5/S1, and a small Tarlov cyst adjacent to the left S2 nerve root. The 10/23/14 neurosurgical report stated that review of the MRI scan as compared to the plain x-rays showed an absence of the spondylolisthesis at L4/5 where it was clearly present on the plain x-rays. This suggested that there was significant translational instability in the segment since the MRI was performed in a recumbent position and plain x-rays were done in a weight bearing upright position. The injured worker continued to complain of low back and bilateral hip and leg pain radiating all the way down and equal bilaterally. She complained of falling down because her legs gave out at times. Physical exam documented moderate loss of lumbar range of motion, 1+ patellar reflexes, absent Achilles reflexes, and 4/5 weakness in the tibialis anterior, extensor hallucis longus, and gastrocnemius muscles bilaterally. A fusion was recommended at the L4/5 and since L5/S1 had

been partially decompressed it had to be included in the fusion. The 4/13/15 neurosurgical letter stated that authorization was again requested for bilateral L4-L5 and L5-S1 posterolateral fusion with pedicle screws, interbody cages, and auto/allograft due to a change in circumstances. This request was originally made on 10/23/14. The injured worker's pain was substantially worse with significant lumbar radiculopathy to both legs, right worse than left. The cause of her problem was unstable spondylolisthesis well documented in plain x-rays and lumbar MRI. The 4/24/15 neurosurgical report cited low back and bilateral hip and leg pain, left worse than right. On the left side, the pain radiated all the way down the leg in a lower lumbar radicular distribution. On the right side, the pain radiated to about the knee. Current medication included 4 to 5 Norco and 3 Flexeril per day. She reports a fall about two months ago which made the overall pain intensity worse (records indicated her left leg gives out on her). She was severely limited in activities of daily living. Physical exam documented ambulation with a forward lurch and antalgic gait. She was unable to toe/heel walk, and lumbar range of motion was moderately limited. Currently they are seeking an appeal to the original request from two months ago. At issue, is the request for authorization for a bilateral L4-L5 and L5-S1 posterolateral fusion with pedicle screws, interbody cages, and auto/allograft, surgical assistant, and a three day hospital stay. The 5/11/15 utilization review non-certified the bilateral L4/5 and L5/S1 posterolateral fusion with instrumentation and associated surgical requests as there was no evidence of failed recent physical therapy and epidural steroid injection or pre-operative psychological evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Bilateral L4-L5 and L5-S1 posterolateral fusion with pedicle screws, interbody cages, and auto/allograft: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic, Fusion (spinal); Discectomy/laminectomy.

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 Lumbar & Thoracic, Discectomy/Laminectomy, Fusion (spinal).

Decision rationale: The California MTUS guidelines recommend laminotomy, laminectomy, and discectomy for lumbosacral nerve root decompression. MTUS guidelines indicate that lumbar spinal fusion may be considered for patients with increased spinal instability after surgical decompression at the level of degenerative spondylolisthesis. Before referral for surgery, consideration of referral for psychological screening is recommended to improve surgical outcomes. The Official Disability Guidelines recommend criteria for lumbar decompression that include symptoms/findings that confirm the presence of radiculopathy and correlate with clinical exam and imaging findings. Guideline criteria include evidence of nerve root compression, imaging findings of nerve root compression, lateral disc rupture, or lateral recess stenosis, and completion of comprehensive conservative treatment. Fusion is recommended for objectively demonstrable segmental instability, such as excessive motion with degenerative spondylolisthesis. Fusion may be supported for surgically induced segmental instability. 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 injured worker presents with significant low back pain radiating into the lower extremities. Clinical exam findings are consistent with imaging evidence of plausible nerve root compression at L5/S1. Guideline-associated segmental instability at both levels was not documented. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Additionally, there is no evidence of a psychosocial screening for this injured worker. Therefore, this request is not medically necessary.

Associated surgical service: Surgical Assistant: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic, Fusion (spinal); Discectomy/laminectomy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Centers for Medicare and Medicaid services, Physician Fee Schedule: Assistant Surgeons, <http://www.cms.gov/apps/physician-fee-schedule/overview.aspx>.

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

Associated surgical service: 3 day 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 (ODG), Hospital length of stay (LOS).

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 & Thoracic: Hospital length of stay (LOS).

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