

Case Number:	CM15-0123025		
Date Assigned:	07/07/2015	Date of Injury:	02/06/2008
Decision Date:	08/04/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/25/2015

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:

This injured worker is a 54-year-old female who sustained an industrial injury on 2/6/08. The mechanism of the 2/6/08 injury was not documented; a cumulative trauma injury was also reported. Past medical history was positive for asthma. Past surgical history was positive for L4/5 and L5/S1 lumbar spine decompression on 5/15/13 and L4 to S1 posterior spinal instrumentation and fusion on 8/27/14. The 2/17/15 neurosurgical report cited constant mild to severe low back pain with intermittent outer left leg and inside right thigh stabbing pain. The injured worker felt she was doing quite well but took a slight turn backwards over the last couple of months. Physical therapy had not been authorized and she felt she was getting weaker with increased pain and a little numbness into the feet and toes. X-rays showed excellent position of all the screws without any breakage, loosening or pullout. The treatment plan recommended a CT scan of the lumbar spine to determine exact position of the instrumentation, patency of the posterior spinal fusion, and potential bone spur formation. The 2/23/15 spine surgery medical legal evaluation cited constant grade 3-5/10 low back pain with intermittent left leg shooting pain and burning stabbing right leg pain with constant numbness in the left calf and toes on both feet. She felt left leg weakness. Pain was aggravated with prolonged sitting and standing. The injured worker was a current smoker. Lumbar spine exam documented normal gait, normal toe/heel walk, limited forward flexion, 5/5 lower extremity strength, absent patellar and Achilles reflexes bilaterally, and normal lower extremity sensation. Straight leg raise was 80 degrees bilaterally. The treatment plan recommended CT scan of the lumbar spine to assess for pseudoarthrosis which would require anterior lumbar interbody fusion from L4-S1. Records documented the 3/12/15 lumbar spine CT scan showed the hardware in good position with

no definite posterior spinal fusion. The 3/17/15 neurosurgeon report documented lumbar extension to 10 degrees, 4+/5 left extensor hallucis longus and gastroc strength, and decreased left L5/S1 dermatomal sensation. Authorization was requested for pre-sacral approach L4-S1 interbody screw fixation, posterior revision foraminotomy and microdiscectomy at the bilateral L4/5 and L5/S1 levels, and m lumbar spine MRI to include coccyx to be used for the pre-sacral approach. The 6/8/15 utilization review non-certified the request for pre-sacral approach L4-S1 interbody screw fixation, posterior revision foraminotomy and microdiscectomy at the bilateral L4/5 and L5/S1 levels and associated lumbar MRI was there was no neurocompression lesion seen at L4/5 on either the CT scan or MRI to support surgery at that level.

IMR ISSUES, DECISIONS AND RATIONALES

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

Presacral for L4-S1 interbody screw fixation as well as posterior revision foraminotomy and microdiscectomy at hte bilateral L4-L5 and L5-S1 levels: Upheld

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

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. Guidelines state there is 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. 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. The Official Disability Guidelines (ODG) recommends revision surgery for failed previous operations if significant functional gains are anticipated. Revision surgery for the purposes of pain relief must be approached with extreme caution due to less than 50% success rate reported in medical literature. 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. For any potential fusion surgery, it is recommended that the patient refrain from smoking for at least 6 weeks prior to surgery and during the period of fusion healing. Guideline criteria have not been met. This injured worker underwent prior L4/5 and L5/S1 decompression surgery with L4-S1 posterior spinal

instrumentation and fusion on 8/27/14. She has reported worsening pain since a few months after surgery. Imaging reportedly demonstrates hardware in good position with no definite posterior spinal fusion. There is clinical exam evidence consistent with L5 and S1 radiculopathy. However, the injured worker is reported as a current smoker which is a significant risk factor for failed fusion. This has not been addressed by the neurosurgeon relative to the current potentially failed fusion or additional surgery. There is no evidence of 6 weeks of smoking cessation. Therefore, this request is not medically necessary at this time.

MRI of the lumbar spine to include coccyx to be used for the presacral approach:
Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back & Lumbar & Thoracic: MRIs (magnetic resonance imaging).

Decision rationale: The California MTUS guidelines do not provide recommendations for pre-surgical MRIs but state that MRI is the test of choice for patients with prior back surgery. The Official Disability Guidelines state the repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). Guideline criteria have been met. This injured worker presents status post posterior L4/5 fusion with possible fusion failure. Clinical exam findings have worsened and are positive for neurocompression. Additional surgery is being contemplated. A repeat lumbar spine MRI is reasonable to allow for assessment of neurocompression and potential pre-surgical planning. Therefore, this request is medically necessary.