

Case Number:	CM15-0126690		
Date Assigned:	07/17/2015	Date of Injury:	12/23/2013
Decision Date:	08/17/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	06/29/2015

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 45-year-old male who sustained an industrial injury on 12/23/13. Injury occurred when he was pulling a cart while walking backwards and got his right foot caught, resulting in a fall on his tailbone. Past medical history was positive for obesity. Past surgical history was positive for decompression laminectomy and discectomy at L3/4 and L4/5 in 1995 and 2011. He underwent anterior lumbar interbody fusion at L3/4 and L4/5 on 9/15/14, suture repair of L3/4 segmental artery bleeding due to avulsed artery on 9/15/14, and bilateral decompression and posterolateral/intertransverse process fusion at L3/4 and L4/5 on 9/16/14. In the post-operative period, he developed a urinary tract infection complicated by renal failure due to obstruction. He completed a total of 51 physical therapy visits as of 5/20/15 with residual loss of lumbar range of motion and hip flexion weakness bilaterally. He had made minimal progress in strength, range of motion, pain, and function over the course of therapy, had reached a plateau, and was discharged to a home exercise program. The 4/24/15 neurosurgical report cited on-going low back pain with numbness radiating down the right posterolateral thigh and leg. He had an abdominal hernia related to his prior anterior lumbar fusion surgery. He continued to have urinary tract difficulties and had a urostomy in place. He was attending physical therapy. CT imaging showed an 8 mm listhesis of L5 on S1 with a vacuum disc phenomenon. There appeared to be a solid fusion at the L3/4 and L5/S1 levels with foraminal stenosis. Spinal exam documented the incision to be well healed. Abdominal exam documented a moderately large abdominal incisional hernia which was mildly tender. The diagnosis was status post instrumentation and fusion at L3/4 and L4/5 with recurrent foraminal stenosis, post-laminectomy

syndrome, severe facet arthropathy, chronic urinary obstruction, positive abdominal hernia, and kyphotic deformity. The treatment plan recommended anterior lumbar interbody fusion at the L5/S1 level, explanation of the previously implanted pedicle screw instrumentation at L3/4 and L4/5, and repeat bilateral laminectomy, foraminotomy, and facetectomy/osteotomy at L3/4 and L4/5 for nerve root decompression and exploration of the posterolateral fusion with possible repeat posterolateral fusion. He will also require pedicle screw instrumentation and posterolateral fusion at the L5/S1 level with bilateral laminectomy, foraminotomy and facetectomy/osteotomy with correction of kyphotic deformity and nerve root decompression, in conjunction with anterior lumbar interbody fusion. The 6/9/15 treating physician report cited severe lower extremity pain and weakness. He was essentially wheelchair bound. He had developed contractures in his knees. Physical exam documented antalgic gait, 4/5 lower extremity strength, absent lower extremity deep tendon reflexes, limited thoracolumbar range of motion, negative straight leg raise, and diminished right L5 dermatomal sensation. The diagnosis included acute low back pain with radiculopathy, right lower extremity radiculitis, bowel and bladder incontinence due to spine pathology, right knee degenerative joint disease and bilateral knee contractures. Authorization was requested for repeat lumbar spine surgery with lumbar spine fusion, omeprazole 20 mg #60, and post-operative nursing home care. On 6/16/15, a request for additional information was sent to specify the type of lumbar spine surgery and the specific frequency/duration of post-operative nursing home. The 6/19/15 utilization review non-certified the request for repeat lumbar spine surgery with lumbar spine fusion and post-operative nursing home as there was no evidence of what procedures were to be completed and at what levels. The request for omeprazole 20 mg #60 was non-certified as there was no evidence that the injured worker had or was at active increased risk for gastritis. It was noted that a request for Diclofenac was certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat Lumbar Spine Surgery with lumbar spine fusion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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: 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 (ODG) recommend lumbar spinal fusion as an option for patients with ongoing symptoms, corroborating physical findings and imaging, and after failure of non-operative treatment (unless contraindicated e.g. acute traumatic unstable fracture, dislocation, spinal cord injury) for spondylolisthesis (isthmic or degenerative) with at

least one of the following: instability, and/or symptomatic radiculopathy, and/or symptomatic spinal stenosis. The ODG recommend revision surgery for failed previous fusion at the same disc level if there are ongoing symptoms and functional limitations that have not responded to non-operative care; there is imaging confirmation of pseudoarthrosis and/or hardware breakage/malposition; and significant functional gains are reasonably expected. Pre-operative clinical surgical indications include all of the following: (1) all physical medicine and manual therapy interventions are completed with documentation of reasonable patient participation with rehabilitation efforts including skilled therapy visits, and performance of home exercise program during and after formal therapy. Physical medicine and manual therapy interventions should include cognitive behavioral advice (e.g. ordinary activities are not harmful to the back, patients should remain active, etc.); (2) X-rays demonstrating spinal instability and/or myelogram, CT-myelogram, or MRI demonstrating nerve root impingement correlated with symptoms and exam findings; (3) Spine fusion to be performed at one or two levels; (4) Psychosocial screen with confounding issues addressed; the evaluating mental health professional should document the presence and/or absence of identified psychological barriers that are known to preclude post-operative recovery; (5) For any potential fusion surgery, it is recommended that the injured worker refrain from smoking for at least six weeks prior to surgery and during the period of fusion healing; (6) There should be documentation that the surgeon has discussed potential alternatives, benefits and risks of fusion with the patient. Guideline criteria have not been met. This request is for a nonspecific lumbar spine surgery with fusion. The injured worker has significant pain and functional limitations following the previous spinal surgery. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. There is imaging evidence of a grade 1 spondylolisthesis at the L5/S1 level with vacuum disc phenomenon and foraminal stenosis at the L3/4 and L4/5 levels. There is no radiographic evidence of hardware failure or documentation of pseudoarthrosis to support a revision surgery. There is no evidence of a psychosocial screening. Therefore, this request is not medically necessary at this time.

Omeprazole 20mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The California MTUS guidelines recommend the use of proton pump inhibitors (PPIs), such as omeprazole, for patients at risk for gastrointestinal events, and for the treatment of dyspepsia secondary to non-steroidal anti-inflammatory drug (NSAID) therapy. Guideline criteria have been met. This patient has been using Diclofenac for an extended period of time, and continued use has been certified. Therefore, this request is medically necessary.

Post operative Nursing Home: Upheld

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

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: Skilled nursing facility (SNF) care.

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