MAXIMUS Federal Services

Case Number:	CM15-0178050		
Date Assigned:	09/18/2015	Date of Injury:	07/17/2013
Decision Date:	10/28/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/10/2015

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: New York, Montana
Certification(s)/Specialty: Neurological 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 44 year old male who sustained an industrial injury on 7-17-13 in a faring accident where he was hit by a cow injuring his low back, ribs, abdomen, mid back and right shoulder. He is currently working modified duty. Diagnosis is L4-5 hypermobile spondylolisthesis with L4-5 and L5-S1 degenerative disc disease; lumbosacral syndrome with persistent left radiculopathy; status post left shoulder arthroscopy (9-2014); long-term opioid use. He currently (8-13-15) complains of back pain with frequent left buttock, posterior thigh and calf pain with occasional left anterior thigh pain. On examination, his strength remains full throughout the lower extremities but he has an antalgic gait and uses a cane for ambulation. There was no pain level enumerated for 8-13-15 but on 4-23-15, his pain level was 7 out of 10. Per the 7-22-15, qualified medical examination the injured worker is not receiving any specific treatment at this time and he is not taking any specific medications. Diagnostics included MRI of the lumbar spine (7-17-15) showing degenerative changes at L4-5 and L5-S1, endplate changes at L5-S1, canal stenosis and foraminal stenosis; x-rays with flexion and extension (7-28-15) showing mild degenerative changes of the lumbar spine, no subluxation on flexion and extension; x-ray (4-21-15) showed insignificant spondylolisthesis with flexion not seen on 7-28-15 x-ray. Treatments to date included 2 lumbar epidural steroid injections without significant improvement; physical therapy lumbar spine (per the 3-18-15 note) discontinued after 5 visits because it was too painful. In the progress note dated 8-13-15 the treating provider's plan of care included L4-5, L5-S1 transforaminal lumbar epidural interbody fusion with pedicle screw instrumentation along with decompressive laminectomy alone at L3-4 as this would address the

area of canal stenosis at all three levels along with hypermobility at the L4-5 level. The provider attests fusion is necessary given the degenerative changes. However, radiology reports of severe changes are not found. The request for authorization dated 8-18-15 indicated the requests for L4-5, L5-S1 transforaminal lumbar interbody fusion, cage, screws, L3-4 laminectomy; hospital 3 day stay; lumbar spine brace; external bone growth stimulator. On 8-25-15 utilization review evaluated and non-certified the requests for L4-5, L5-S1 transforaminal lumbar interbody fusion, cage, screws, L3-4 laminectomy based on no documented instability and the three levels of lumbar spondylosis are age related, no psychological assessment and no note of current core truncal strengthening and, or organized physical therapy and or home exercise program The hospital 3 day stay; lumbar spine brace; external bone growth stimulator were non-certified based on non-certification of surgery. If surgery is not approved then post-operative services are non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-5, L5-S1 transforaminal lumbar interbody fusion, cages/screws, L3-4 laminectomy: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: The California MTUS guidelines recommend lumbar surgery if there are severe persistent, debilitating lower extremity complaints, clear clinical and imaging evidence of a specific lesion corresponding to a nerve root or spinal cord level, corroborated by electrophysiological studies, which is known to respond to surgical repair both in the near and long term. Documentation does not provide this evidence. His magnetic resonance imaging scan (MRI) showed no severe canal or foraminal stenosis or nerve root impingement. His provider recommended a L4-5, L5-S1 transforaminal interbody arthrodesis with cages and screws to treat his lumbosacral hyper mobility, which is not found on radiological studies. The radiological studies also do not report severe lumbar spinal stenosis. Documentation does not present evidence of instability or severe radiculopathy. The California MTUS guidelines do recommend lumbar fusion for fracture dislocation and pathologic instability, which the documentation does not corroborate. According to the Guidelines for the performance of fusion procedures for degenerative diseases of the lumbar spine, published by the joint section of the American Association of Neurological Surgeons and Congress of Neurological Surgeons in 2005 there was no convincing medical evidence to support the routine use of lumbar fusion at the time of primary lumbar disc excision. This recommendation was not changed in the update of 2014. The update did note that fusion might be an option if there is evidence of spinal instability, chronic low back pain and severe degenerative changes. Documentation does not show significant instability or severe degenerative changes. The documentation does not support California MTUS criteria that the requested treatment: L4-5, L5-S1 transforaminal lumbar interbody fusion, cages/screws, L3-4 laminectomy is medically reasonable and necessary.

Associated Surgical Service: Hospital 3 days stay: 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.

Associated Surgical Service: lumbar spine: 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.

Associated Surgical Service: External Bone Growth Stimulator: 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.