

Case Number:	CM15-0060964		
Date Assigned:	04/07/2015	Date of Injury:	11/29/1999
Decision Date:	05/14/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/31/2015

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 47-year-old female who sustained an industrial injury on 11/29/99. The mechanism of injury was not documented. Past surgical history was positive for anterior arthrodesis at L4/5 and L5/S1 with placement of circular cages. The 12/4/14 psychology progress report cited psychiatrically based impairments of sleep, energy, concentration, memory, emotional control and stress tolerance. The diagnosis was unspecified depressive and anxiety disorders, and possible somatic symptoms disorder with predominant pain. The treatment plan recommended medication follow-up with a psychiatrist, refill of Cymbalta, and cognitive behavioral psychotherapy every third month. The 2/6/15 treating physician report cited persistent severe lower back pain radiating around her hips, aggravated by any type of movement, bending, or twisting. Physical exam documented the injured worker was very tender at L5/S1 with normal motor strength, no major antalgia, positive straight leg raise on the right, tight hamstrings bilaterally, and no sensory deficits. X-rays were taken and showed evidence of pseudoarthrosis at L5/S1 and what appeared to be radiolucency around the PEEK interbody cages at L4/5. On the flexion views, there was no spondylolisthesis although there appeared to be some movement at the interspinous segments, suggestive of instability at the fusion levels. The 5/3/13 CT scan of the abdomen showed evidence of an incomplete arthrodesis through the interbody cages at L5/S1. The diagnosis was lumbar pseudoarthrosis anteriorly after anterior standalone cages at L4/5 and L5/S1. The treatment plan recommended revision lumbar fusion surgery to include posterior lumbar arthrodesis extending the fusion with posterior segmental hardware and potentially using iliac crest bone graft. She was to continue with her current job with restrictions.

The 3/2/15 utilization review non-certified the request for L4/5 and L5/S1 posterior lumbar laminectomy with fusion instrumentation, assistant surgeon and 2-days inpatient stay. The rationale stated that it was unclear if the clinician was performing surgery simply for pain relief or if significant functional gains were anticipated, and noted that recent advanced imaging had not been completed.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-L5, L5-S1, Posterior Lumbar Laminectomy with Fusion Instrumentation: 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) Low Back - Lumbar & Thoracic (Acute & Chronic).

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, Fusion (spinal).

Decision rationale: The California MTUS guidelines do not provide recommendations for revision lumbar fusion. The Official Disability Guidelines (ODG) recommends revision surgery for failed previous operation(s) if significant functional gains are anticipated. Revision surgery for purposes of pain relief must be approached with extreme caution due to the 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. Guideline criteria have not been met. This injured worker presents status post anterior arthrodesis at L4/5 and L5/S1 with radiographic evidence of pseudoarthrosis at both levels. There is no evidence of progressive neurologic dysfunction. The treating physician reported that current flexion/extension x-rays suggested spinal segmental instability. However, there is no documentation of functional improvement anticipated with surgical revision. Additionally, records suggested potential psychological issues under on-going treatment. There is no evidence of psychological clearance for revision surgery. Therefore, this request is not medically necessary.

Assistant Surgeon: 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: Surgical assistant.

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

In-Patient Stay (2-days): 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: Hospital length of stay (LOS).

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