

Case Number:	CM15-0062448		
Date Assigned:	04/08/2015	Date of Injury:	03/26/2010
Decision Date:	05/18/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	04/01/2015

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 69-year-old female who sustained an industrial injury on 3/26/10. Injury occurred when her legs became entangled with electrical cords and she fell forward. The 2/4/15 orthopedic report cited waxing and waning left low back pain up to grade 8/10. Medication reduced pain to 2-3/10 and allowed her to perform activities of daily living. She needed frequent breaks during the day and could not straighten up when she walked. Physical exam documented an obvious severe thoracolumbar scoliotic deformity with convex right, and very prominent spinous processes in the left lower ribs. She stood at 20 to 30 degrees of forward flexion at rest. She was unable to stand erect, at best with 5 degrees of forward flexion. Motor and sensory exams were normal. Patellar reflexes were 1 to 2+ and symmetrical. Achilles reflexes were 0 to 1+ and symmetrical. The diagnosis was severe thoracolumbar scoliotic deformity with left L5/S1 foraminal stenosis. The treatment plan recommended continued Tylenol with codeine alternating with Percocet. The 2/3/15 spine surgery consult report cited a very severe spinal degenerative condition. The injured worker was bent over 90 degrees from horizontal and had developed very significant osteoporosis. There were no non-operative modalities that will provide any long lasting relief from this condition. Reconstructive surgery was required to treat not only the degenerative condition of the intervertebral discs and facet joints but further address the neuromuscular deformity that had resulted. She had an extreme amount of kyphosis and scoliosis and was no longer able to stand upright. Surgery was recommended to include a 2 staged surgical procedure with anterior lumbar fusion at L2 to L5 followed by a posterior fusion from the thoracic to pelvis with L5-S1 decompression and laminectomies. The surgeon stated that he

would not proceed with the surgery until the injured worker was on Forteo 20 mcg SQ daily for at least 3 months prior to the operation for her underlying osteoporosis. Continued use of Forteo should be continued for 2 years. Authorization was requested by the primary treating physician on 3/3/15 for anterior lumbar fusion at L2 to L5 followed by a posterior fusion from the thoracic to pelvis with L5-S1 decompression and laminectomies and Forteo 20 mcg SQ daily for 2 years, including 3 months prior to the surgery. The 3/16/15 utilization review non-certified the request for 2-stage anterior lumbar fusion at L2 to L5 followed by a posterior fusion from the thoracic to pelvis with L5-S1 decompression and laminectomies. The rationale for non-certification was based on an absence of recent imaging and progress notes outlining specific functional deficits. The request for Forteo was non-certified as there was no documentation of the injured worker's T score/DEXA scan or evidence based information that supported the claim that this medication resulted in significant increase in the strength of bone quality when used post-operatively. The 4/1/15 spinal surgeon appeal letter indicated that the injured worker had a very severe spinal deformity with very aggressive underlying medical disability. Aggressive management was required to halt the progressive of the spinal deformity, stabilize the spine and allow her to regain function. Her diagnoses included lumbar radiculopathy bilateral L3-S1, lumbar kyphosis, severe kyphoscoliosis, sagittal imbalance and osteoporosis. She had a sagittal vertical axis of 26 cm, pelvic tilt of 23 degrees, and pelvic incidence/lumbar lordosis mismatch of 58 degrees. She required treatment of her osteoporosis based on an increased risk of delayed healing and implant failure, both associated with higher reoperation rates. Records documented a Cobb angle of 75 degrees. The 3/30/13 DEXA scan was nearly illegible but it appeared the T scores ranged from -1.3 to -2.7. Journal articles regarding osteoporosis in spine surgery and adult spine deformity were provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

FORTEO 20 SCG SQ DAILY X 2 YRS TO START 3 MONTHS PRIOR TO SURGERY:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES.

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: Teriparatide (Forteo).

Decision rationale: The California MTUS guidelines do not provide recommendations for Forteo (Teriparatide). The Official Disability Guidelines recommend Teriparatide (Forteo) as a second-line medication for patients at severe risk of vertebral compression fractures, or treatment of vertebral compression fractures, if they have failed in the past, or are unable to tolerate oral bisphosphonates. Teriparatide treatment should be reserved for people with severe osteoporosis who are unable to take other medications or for whom other medications are not effective. Teriparatide treatment involves high cost, daily injections, and long-term effects, with possible osteosarcoma (a malignant bone tumor). Criteria for use of Teriparatide (Forteo) includes: Females with severe post-menopausal osteoporosis or adults with glucocorticoid-induced

osteoporosis; Bone mineral density (BMD) T score 2.5 or more; At high-risk for fractures (e.g., those who have had an osteoporotic fracture, or have risk factors for fracture); and, failed (continued bone loss after 2 or more years on medications) or are unable to tolerate either 2 oral bisphosphonates (e.g., alendronate [Fosamax], risedronate [Actonel]) or 1 oral bisphosphonate plus 1 selective estrogen receptor modulator (SERM) (e.g., raloxifene [Evista]), or for whom oral bisphosphonate therapy is contraindicated (e.g., due to inability to swallow, or inability to remain in an upright position after oral bisphosphonate administration for the required length of time). Guideline criteria have not been met. This post-menopausal female injured worker presents with reported T-scores above 2.5. There is no evidence of an osteoporotic fracture history but there are plausible risk factors for failed fusion. There is no documentation that this injured worker has failed or was unable to tolerate first line oral bisphosphonates, or oral bisphosphonate therapy is contraindicated. Therefore, this request is not medically necessary at this time.

2 STAGED SURGERY ANTERIOR LUMBAR INTERBODY FUSION VIA LATERAL RETROPERITONEAL APPROACH AT L2-L5 FOLLOWED BY POSTERIOR SPINAL FUSION WITH INSTRUMENTATION AND APICAL OSTEOTOMIES FROM THORACIC TO DOWN TO PELVIS. L5 TO S1 TRANSFORAMINAL LUMBAR INTERBODY FUSION ALONG WITH DECOMPRESSION OF THE LUMBOSACRA:

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 for adult idiopathic scoliosis.

Decision rationale: The California MTUS guidelines do not provide recommendations for fusion for adult idiopathic scoliosis. The Official Disability Guidelines (ODG) recommend fusion for adult idiopathic scoliosis for back pain and deformity when indications have been met. Criteria include three months of nonsurgical care, including patient education, exercises and non-steroidal anti-inflammatory drugs, curvatures over 60 degrees, or over 50 degrees in adults with persistent pain, and progressive mid and low back curve or low back curve with persistent pain. There should be documentation of reduced heart or lung function, unless severely impaired lung function and heart failure. Surgery is supported for adults under 50 years old, due to surgical risks, but exceptions are possible. The MTUS and ODG guidelines both indicate that psychological screening should be completed with confounding issues addressed prior to lumbar fusion. Guideline criteria have not been met. This 69-year old injured worker presents with severe spinal deformity and a thoracolumbar Cobb angle of 75 degrees. However, there is no detailed evidence of at least 3 months of non-operative treatment consistent with guideline recommendations. Detailed conservative treatment documented in the records appeared limited to pain medication. There was no documentation of current heart or lung function. There is no discussion of the patient's age relative to the proposed surgery to support a guideline exception as the patient markedly exceeds the recommended age criteria. Additionally, there is no evidence of psychosocial screening and clearance for surgery. Therefore, this request is not medically necessary at this time.