MAXIMUS Federal Services

Case Number:	CM15-0063810		
Date Assigned:	04/09/2015	Date of Injury:	07/16/2012
Decision Date:	05/26/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/03/2015

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 54-year-old female who sustained an industrial injury on 7/16/12. The mechanism of injury was not documented. She underwent L4/5 lumbar decompression and fusion on 8/20/14. The 2/9/15 treating physician report documented lumbar spine x-rays that showed a posterior migration of the lumbar cage at L4/5. There was maintained reduction of the listhesis, but there was likely loosening of the cage. He opined that posterior migration of the cage indicated the fusion was not healing. A CT scan was ordered. The 2/19/15 lumbar spine CT scan impression documented internal fixation L4 and L5 vertebral bodies, prosthetic disc at the L4/5 level, and laminectomy changes at the L4 vertebral body. There was diffuse disc bulging of 3-4 mm at the L1/2, L2/3, L3/4, and L5/S1 levels, and degenerative changes of the lumbar spine. The 3/9/15 treating physician report indicated that the injured worker did well for the first 4 months after surgery, but then she started having pain and discomfort. A lumbar spine CT scan showed evidence of a non-union at the fusion site. Lumbar spine exam documented pain at end-range motion with marked loss of extension and rotation, and moderate loss of flexion and lateral flexion. There was no tenderness to palpation, provocative testing was negative, and neurologic exam was within normal limits. Imaging was reviewed and showed bone healing at the L4/5 disc space but no complete connection. She had pain and non-union that had not improved despite conservative treatment. She would benefit from anterior and posterior spinal decompression and fusion. The 3/19/15 utilization review non-certified the request for L4/5 anterior lumbar decompression and fusion, screw fixation and vascular surgeon, and L4/5 posterior lumbar

decompression, fusion and instrumentation based on the short time period since surgery and the fusion may still take hold, and lack of documented instability on flexion/extension views.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-L5 anterior lumbar decompression and fusion, screw fixation, and vascular cosurgeon: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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 ½ Lumbar & Thoracic: Fusion (spinal) and Other Medical Treatment Guidelines Centers for Medicare and Medicaid services, Physician Fee Schedule: Assistant Surgeons, http://www.cms.gov/apps/physician-fee-schedule/overview.aspx.

Decision rationale: The California MTUS guidelines do not provide recommendations for revision lumbar fusion. The Official Disability Guidelines (ODG) recommend 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. Evidence based medical guidelines would support the use of a vascular surgeon for this procedure. Guideline criteria have been met. This injured worker presents 7 months status post L4/5 lumbar decompression and fusion with increased low back pain. The surgeon has reported posterior migration of the cage indicating loosening, and non-union at the fusion site. Given the potential for instability and plausible hardware failure, this request is medically necessary.

L4-L5 posterior lumbar decompression, fusion and instrumentation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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) recommend 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. Evidence based medical guidelines would support the use of a vascular surgeon for this procedure. Guideline criteria have been met. This injured worker presents 7 months status post L4/5 lumbar decompression and fusion with increased low back pain. The surgeon has reported posterior migration of the cage indicating loosening, and

non-union at the fusion site. Given the potential for instability and plausible hardware failure, this request is medically necessary.