

Case Number:	CM15-0066784		
Date Assigned:	04/14/2015	Date of Injury:	03/05/2009
Decision Date:	05/29/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	04/08/2015

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 male who sustained an industrial injury on 3/5/09, relative to a slip and fall. He underwent left microdiscectomies at L4/5 and L5/S1 on 2/27/12. The 11/20/13 lower extremity EMG/NCV study revealed evidence of moderate left L5 and S1 radiculopathy. The 1/19/15 lumbar spine MRI impression documented a left hemilaminectomy and partial discectomy at L5/S1 without recurrent disc herniation. There was 4-5 mm diffuse bulging of the annulus with mild to moderate neuroforaminal narrowing. There was partial conjoining of the right L5 and S1 nerve roots resulting in slight effacement of the traversing right S1 nerve root and mild effacement of the right L5 exiting nerve root. There was a left sided disc bulge that mildly effaced the exiting left L5 nerve root without displacement. There was no canal or lateral recess stenosis. There were some Modic type I degenerative endplate changes. There was a diffuse disc bulge at L4/5, with no canal or lateral recess stenosis. There was mild right foraminal stenosis without nerve root impingement. The 2/17/15 treating physician report indicated that the injured worker remained highly symptomatic with back and left leg pain, and was not currently working. Physical exam documented a slight left leg limp, intact toe/heel walking, and range of motion limited to 75% of normal. Neurologic exam documented no motor weakness and normal deep tendon reflexes. Sensation was decreased in the medial aspect of the left thigh. There was some tenderness reported over the left paraspinal musculature from L3 to the sacrum, and over the left buttock. Straight leg raise was painful on the left. The diagnosis was chronic lumbosacral strain, moderate chronic L5 and S1 radiculopathy on the left and bilateral foraminal stenosis at L5/S1. The treating physician report indicated that the patient had imaging

evidence of post-surgical changes at L4 and L5 on the left with some diffuse disc bulging at L5/S1 along with disc space narrowing that had resulted in bilateral L5/S1 foraminal narrowing. The injured worker was deemed a candidate of transforaminal lumbar interbody fusion at L4/5 and L5/S1. The 3/3/15 utilization review non-certified the request for posterior lumbar fusion at L4/5 and L5/S1 using PEEK interbody cages, rod, bone morphogenetic protein, and screws, and associated LSO brace. The rationale for non-certification included no evidence of motor or reflex changes, no evidence of central, lateral recess or significant neuroforaminal stenosis, or nerve root compression, and no evidence of segmental instability at either level.

IMR ISSUES, DECISIONS AND RATIONALES

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

Posterior lumbar fusion at L4 to L5 and L5 to S1 using peek interbody cages rod, BMP and Screws: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment Index 13th edition (web) 2015 Low Back chapter spinal fusion.

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); Bone-morphogenetic protein (BMP).

Decision rationale: The California MTUS guidelines state there was no good evidence that spinal fusion alone was effective for treating any type of acute low back problem, in the absence of spinal fracture, dislocation, or spondylolisthesis if there was instability and motion in the segment operated on. The Official Disability Guidelines (ODG) state that spinal fusion is not recommended for patients who have less than six months of failed recommended conservative care unless there is objectively demonstrated severe structural instability and/or acute or progressive neurologic dysfunction. Guidelines state that spinal fusion is recommended as an option for spinal fracture, dislocation, spondylolisthesis or frank neurogenic compromise, subject to the selection criteria. Fusion is recommended for objectively demonstrable segmental instability, such as excessive motion with degenerative spondylolisthesis. 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. The ODG do not recommend the use of bone morphogenetic protein (BMP) as there is a lack of clear evidence of improved outcomes with BMP, and there is inadequate evidence of safety and efficacy to support routine use. Guideline criteria have not been met. This patient presents with low back and left leg pain, that is functionally limiting. Clinical exam findings do not strongly correlate with imaging and electrodiagnostic evidence of left L5 and S1 nerve root involvement. There is no radiographic evidence of spinal segmental instability to support the medical necessity of fusion. There is no nerve root compression or significant stenosis noted at the L4/5 level. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Additionally, psychosocial screening is not evidenced. Therefore, this request is not medically necessary.

Trimod LSO brace for the 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.