

Case Number:	CM15-0067668		
Date Assigned:	04/15/2015	Date of Injury:	10/19/2007
Decision Date:	05/15/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/09/2015

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 55-year-old female who sustained an industrial injury on 10/19/07, relative to digging ditches. The 7/16/14 lumbar spine MRI impression documented prominent disc bulge at L5/S1 extending into the neural foramina bilaterally and posterior osteophyte with left paracentral extrusion which posteriorly displaced the proximal S1 nerve root at the level of the lateral recess. There was advanced left and moderate to advanced right neuroforaminal narrowing. There were disc protrusion at L3/4 and L4/5 resulting in mild to moderate neuroforaminal narrowing, and minimal degenerative change at the L1/2 level without significant central or neuroforaminal stenosis. The 2/4/15 lumbar spine complete x-rays with flexion/extension views documented no spondylolisthesis on flexion/extension and moderately severe disc space narrowing at L5/S1 with mild facet arthropathy predominantly at the lower lumbar levels. The 2/4/15 lumbar CT scan impression documented a broad-based disc osteophyte complex at L5/S1 with no spinal canal stenosis and moderate bilateral neuroforaminal stenosis. There was a broad-based disc bulge at L4/5 with no definite spinal canal stenosis and mild bilateral neuroforaminal stenosis. Alignment was reported as normal without spondylolisthesis. There was moderately severe disc space narrowing at L5/S1 with vacuum phenomena. The 3/16/15 neurosurgeon report cited grade 7-8/10 low back pain radiating to both legs with popping and snapping in her back. Leg pain was 40% of symptoms. She had burning and numbness to the calves and toes. She was better with standing and squatting. She was taking 3 to 4 ibuprofen a day and was disinclined towards narcotics. Conservative treatment had included therapy, acupuncture and three epidurals without lasting relief. Physical exam documented a thin

fit build. She could walk on her toes, heels, and tandem walk. There was percussion tenderness at the base of the spine with loss of lumbar lordosis. Straight leg raise was positive on the right. She was numb in the L5 distribution on the right. She had patellar reflexes bilaterally. Achilles reflexes were absent. There was no muscle atrophy. Flexion/extension films dated 2/4/15 demonstrated 5 mm retrolisthesis when reduced to 2 mm on extension. CT scan dated 2/4/15 showed a collapsed disc with vacuum disc phenomenon at L5/S1 with retrolisthesis, severe bilateral foraminal stenosis, and facet arthropathy. The diagnosis was mechanically unstable disc at L5/S1 with axial back pain and radicular symptoms. She was an appropriate candidate for surgery. Authorization was request for anterior lumbar interbody fusion L5-S1 with Titan cage, possible posterior fusion. The 4/1/15 utilization review non-certified the request for anterior interbody fusion L5-S1, Titan cage, and possible posterior fusion, and associated surgical requests. The rationale for non-certification included evaluation did not correlate with imaging studies, and there was no evidence of radiographic instability or reasonable expectation of post-compression iatrogenic instability. The 4/8/15 appeal letter from the neurosurgeon stated that flexion/extension films demonstrated retrolisthesis of 5 mm which reduced to 1-2 mm on extension. The CT scan showed a collapsed disc with vacuum disc phenomenon. She was an appropriate candidate for lumbar fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior Interbody Fusion L5-S1, Titan Cage, Possible Posterior Fusion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation The Official Disability Guidelines (http://www.odg-twc.com/odgtwc/low_back.htm#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 i½ Lumbar & Thoracic, Fusion (spinal).

Decision rationale: The California MTUS guidelines indicate that lumbar spinal fusion may be considered for patients with 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. Spinal instability criteria includes lumbar inter-segmental movement of more than 4.5 mm. 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 patient presents with persistent lower back and bilateral leg pain and numbness consistent with L5 radiculopathy on the right. Clinical exam findings are consistent with imaging evidence of neural

compromise at L5/S1. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. However, there is no evidence of spondylolisthesis or spinal segmental instability noted on the radiology flexion/extension x-ray or CT scan reports. The neurosurgeon reported retrolisthesis with 3 to 4 mm of motion at L5/S1 on flexion/extension films which does not meet guideline criteria for intersegmental instability which is greater than 4.5 mm of motion. There is no documentation of psychosocial evaluation and clearance for fusion surgery. Therefore, this request is not medically necessary.

Hospital Stay (x3 days): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Official Disability Guidelines (http://www.odg-twc.com/odgtwc/low_back.htm#hospitallengthofstay).

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 i₁/₂ Lumbar & Thoracic: Hospital length of stay (LOS).

Decision rationale: As the surgical request is not supported, this request is not medically necessary.

Pre-Op Clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape: Preoperative Testing - Author: Gyanendra K Sharma, MD, FACP, FACC, FASE; Chief Editor: William A Schwer, MD.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2010 Jun. 40 p.

Decision rationale: As the surgical request is not supported, this request is not medically necessary