

Case Number:	CM15-0072994		
Date Assigned:	04/23/2015	Date of Injury:	04/26/1999
Decision Date:	06/11/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	04/16/2015

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 60-year-old female who sustained an industrial injury on 4/26/99, relative to heavy lifting. Past medical history was positive for fibromyalgia, hypertension, and depression. Past surgical history included L4/5 discectomy and fusion in 2000, and anterior cervical discectomy and fusion C6/7 on 12/8/14. The 2/9/15 lumbar spine MRI impression documented post-operative changes L4/5 with multilevel discogenic degenerative changes contributing to mild central spinal stenosis, and variable neuroforaminal stenosis. There was a posterior central disc protrusion superimposed on annular bulge at L5/S1 with mild central spinal stenosis, and moderate bilateral sub-foraminal and neuroforaminal stenosis, left greater than right. There were facet degenerative changes and mild 4 to 5 mm discogenic anterolisthesis of L5 on S1. The 3/27/14 lumbar spine x-rays did not demonstrate spinal instability. The 3/5/15 neurosurgical report cited back pain radiating to the lower extremities, worse on the left. The left leg occasionally gave out on her. She had difficulty sitting, standing, and walking. Physical exam documented moderate mid-lumbar discomfort to palpation, 4/5 left dorsiflexion and plantar flexion weakness, diminished sensation in the bottom of the left foot, and absent left Achilles reflex. Imaging on 2/9/15 documented L5/S1 facet arthropathy and disc herniation with moderate bilateral neuroforaminal, worse on the left. The diagnosis was lumbar stenosis with radiculopathy. The treatment plan included L5/S1 bilateral discectomy and facetectomy with decompression of the nerve root. This will create iatrogenic instability adjacent to the previous fusion level and therefore fusion at L5/S1 is indicated. Authorization was requested for inpatient transforaminal lumbar Interbody fusion L5-S1 and associated surgical service: 3 day length of

stay and assist of PA-C (physician assistant-certified). The 3/16/15 utilization review non-certified the request for transforaminal lumbar interbody fusion at L5/S1 and associated surgical services as there was no current evidence of instability, spine pathology is not limited to 2 levels, and psychological screen was not evidenced.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient Transforaminal Lumbar Interbody Fusion L5-S1: 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 (20th annual edition) & Official Disability Guidelines (ODG-TWC) (13th annual edition), 2015 Low Back Chapter: 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).

Decision rationale: The California MTUS guidelines indicate that lumbar spinal fusion may be considered for patients with increased spinal instability after surgical decompression at the level of degenerative spondylolisthesis. Before referral for surgery, consideration of referral for psychological screening is recommended to improve surgical outcomes. 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. Fusion may be supported for surgically induced segmental instability. 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 fully met. This patient presents with radicular low back pain that is function-limiting. Clinical exam findings are consistent with imaging evidence of plausible nerve root compression at L5/S1. There is no imaging evidence of spinal segmental instability. The neurosurgeon has opined the need for wide decompression that will result in temporary intraoperative instability that will require fusion. However, detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Additionally, there is evidence of potential psychological issues with no evidence of a recent psychological screening and clearance for fusion surgery. Therefore, this request is not medically necessary at this time.

Associated Surgical Service: 3 day length of stay: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (20th annual edition) & Official Disability Guidelines (ODG-TWC) (13th annual edition), 2015 Low Back Chapter: fusion, Hospital Length of Stay.

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

Associated Surgical Service: Assist of PA-C: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Milliman Care Guidelines Inpatient and Surgical Care 16th Edition.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Centers for Medicare and Medicaid services, Physician Fee Schedule: Assistant Surgeons, <http://www.cms.gov/apps/physician-fee-schedule/overview.aspx>.

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