

Case Number:	CM15-0073368		
Date Assigned:	04/23/2015	Date of Injury:	06/23/2010
Decision Date:	05/26/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/17/2015

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 45-year-old male who sustained an industrial injury on 6/23/10. Injury occurred while he was moving a treadmill. He underwent an L5/S1 lumbar microdiscectomy and fusion in 2011. Past medical history is positive for diabetes mellitus, essential hypertension, and coronary heart disease, status post stent implantation. The 12/2/14 psychiatry evaluation documented a diagnosis of anxiety disorder, alcohol abuse, and depressive disorder. The psychiatrist recommended psychological therapy and alcohol discontinuation. The 2/6/15 treating physician report cited low back and bilateral hip and leg pain, right substantially worse than the left, radiating all the way down. On the right side, he also had numbness and tingling in the lateral calf. He had received an epidural steroid injection about a week ago and it had not helped so far. Physical exam documented limping with the right leg in ambulation, and difficulty rising from a seated position. Range of motion was reduced to less than 50% of normal. There was 4/5 extensor hallucis longus and tibialis anterior weakness on the right. Deep tendon reflexes were 1+ in the knees and absent in the ankles. The injured worker was interested in surgical treatment of the L4/5 pathology and a new MRI and x-rays were ordered. The 3/3/15 lumbar spine MRI findings documented facet joint hypertrophic changes bilaterally at L4/5 resulting in moderate right and mild left neural foramen but no impingement on the thecal sac or nerve roots. At the L5/S1 level, there was a previous laminectomy with metal susceptibility artifacts arising from surgical hardware. A disc prosthesis had been inserted into the L5/S1 space. There was 1 to 2 mm anterolisthesis of L5 on S1 noted. Facet joint hypertrophic changes were noted bilaterally, as well as hypertrophic spurs arising from the right posterior lateral aspect of the L5 body. This

resulted in moderately severe right and moderate left compression of the neural foramen with impingement on the right L5 nerve root. The 3/11/15 lumbar spine x-rays documented 3 mm of spondylolisthesis at L5/S1 status post bilateral pedicle screw fusion with L5 anterior to S1, which appeared stable in flexion and extension. The 3/11/15 treating physician report cited review of x-rays with retrolisthesis of L4 on L5. The posterolateral fusion is solid and mature. The inner body fusion had not taken but it was felt that overall L5/S1 was fused given the solid and mature nature of the posterolateral grafts. On the MRI, there was triangulation of the spinal canal with significant lateral recess and foraminal stenosis, right worse than left. Facets were hypertrophied with worse facet hypertrophy on the right with breaking. This asymmetric hypertrophy of the facets was consistent with the injured worker's symptoms. Given the findings and failure of conservative treatment, an extension of the fusion to L4/5 was recommended. Authorization was recommended for anterior fusion with NuVasive cage and allograft followed by posterolateral fusion with possible laminectomy with pedicle screws and auto/allograft. Authorization was requested for an L4/5 lumbar fusion with an assistant surgeon and 3-day inpatient length of stay. The 3/24/15 utilization review non-certified this request as there was no imaging evidence of nerve root impingement at the L4/5 and no quantification of the instability at L4/5 by way of angular or translatory measurements.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-L5 Anterior/Posterior Lumbar Fusion: 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 (ODG-TWC), Low Back Chapter, Lumbar 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. 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. Guideline criteria have not been met. This patient

presents with low back pain radiating down both legs, right greater than left, with numbness over the lateral right calf. Clinical exam evidence is consistent with imaging evidence of right L5 nerve root impingement. There is no imaging evidence of nerve root impingement at the L4/5 level. There is no radiographic evidence of spinal segmental instability at any level. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. There are potential psychological issues identified with no evidence of psychological clearance for surgery. Therefore, this request is not medically necessary.

Surgical Assistant: 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.

Inpatient Stay (3-days): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 $i\frac{1}{2}$ Lumbar & Thoracic: Hospital length of stay (LOS).

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.