

Case Number:	CM15-0073848		
Date Assigned:	04/28/2015	Date of Injury:	01/14/1999
Decision Date:	05/27/2015	UR Denial Date:	03/31/2015
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 68-year-old female who sustained an industrial injury on 01/14/99. The mechanism of injury was not documented. Past surgical history was positive for lumbar surgery in 2000, 2001, and 2002, and pain pump implantation in 2005. Past medical history was positive for diabetes mellitus. The 11/3/14 standing thoracic scoliosis x-rays findings documented a 24-degree levoconvex scoliosis to the lumbar spine. There were fixation rods and screws bridging L3-L5, intervertebral fixation devices at L3/4 and L4/5, and evidence of prior laminectomy at L4/5. The 12/12/14 lumbar flexion/extension x-rays showed postsurgical changes of fusion at L3/4 and L4/5 without instability, and severe degenerative disc change at L2/3. The 12/12/14 thoracic spine AP/Lateral x-rays with swimmers documented moderate dextroscoliosis with moderate multilevel degenerative disc change. There was a Cobb angle of 20 degrees. The 1/7/15 lumbar spine CT scan impression documented post-surgical changes of posterior lumbar interbody osseous fusion at L3/4 and L4/5 without bony spinal canal stenosis or neuroforaminal narrowing. There was moderate levoscoliosis with severe degenerative disc change at L1/2 and L2/3 resulting in moderate right L2/3 neuroforaminal narrowing without bony spinal canal stenosis. The 1/7/15 thoracic spine CT scan impression documented moderate dextroscoliosis with mild to moderate multilevel disc degenerative change. The 2/9/15 neurosurgical report cited a history of prior lumbar fusion with pain pump. She had continued grade 8/10 low back pain radiating down the right lower extremity to the foot. She had tried physical therapy in the past with no improvement. Pain was severe even with the pain pump. She was concerned that her ribs were touching her pelvis. She had urinary stress incontinence and urgency. Current medications

included Citalopram, Hydrocodone/APAP, Senna, Omeprazole, Dilaudid and Clonidine. Physical exam documented she used a cane for ambulation and was able to stand on her toes and heels. Her shoulders were leaning towards the right and not over her pelvis. She had a kyphosis and lumbar scoliosis towards the right with a compensated curve of the thoracic spine to the left. Lower extremity strength was 5/5, patellar reflexes were 1+, Achilles reflexes were 1+, and toes were down going. The assessment was levoscoliosis, status post lumbar fusion, lumbar spondylosis, lumbar foraminal stenosis, kyphosis, lumbago, lumbar radiculopathy, and scoliosis. An undated thoracic MRI impression indicated multilevel thoracic spondylosis with no significant central canal stenosis, and degenerative disc disease at L1/2. An undated lumbar MRI impression indicated post-operative sequela with laminectomy defects and fusion hardware from L3 to L5 with no significant canal or foraminal narrowing at these levels. There was spondylosis at the other lumbar levels with moderate canal stenosis at L2/3 and mild canal stenosis at L1/2 and L5/S1, multilevel foraminal stenosis, and moderate to severe convex left scoliosis in the left spine with some right lateral subluxation of L1 relative to L2. At L1/2, there was a grade 1 retrolisthesis with posterior disc osteophyte complex, mild canal stenosis, and moderate to severe right and mild left foraminal stenosis. The neurosurgeon indicated that she had extensive levoscoliosis with lateral subluxation of L1/2 causing her shoulders to lean towards the right. She had a previous fusion of L3-L5. She will need an exploration of the previous fusion, removal of hardware, correction of her scoliosis and kyphosis, osteotomies and rotation of her spine. She will need a transpedicular decompression and fusion of L1/2 and L2/3, and T6-S1 posterolateral fusion with pedicle screws, rods, PEEK spacers, autograft, bone morphogenetic protein, and removal of pump. The 3/27/15 utilization review non-certified the request for the requested thoracolumbar fusion surgery as the patient had degenerative disc disease with back pain and no radicular symptoms that had failed pain pump management and the ability of the proposed surgery to relieve a significant portion of her pain was negligible. Additionally, there was no evidence of spinal instability or psychological clearance. The 5/4/15 pain management appeal letter stated that recent MRI of the lumbar spine showed a very bad grade 3 spondylolisthesis at L1 and L2/3 that could lead to spinal cord injury if she fell. She needed immediate surgery for chronic low back pain with worsening scoliosis and instability of her spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transpedicular decompression and fusion of L1-L2 and L2-L3: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back.

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 i;½ Lumbar & Thoracic: Discectomy/Laminectomy; Fusion (spinal); Fusion for adult idiopathic scoliosis.

Decision rationale: The California MTUS guidelines recommend discectomy/laminectomy for lumbar nerve root decompression. 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. Fusion is recommended for adult idiopathic scoliosis when significant deformity is present. Fusion is recommended for objectively demonstrable segmental instability, such as excessive motion with degenerative spondylolisthesis, or for deformity of the lumbosacral spine that causes intractable pain, neurologic deficit, and/or functional disability. 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 injured worker presents with intractable lower back pain status post prior lumbar fusion from L3-L5. There are no clinical exam findings of neurologic deficit. There is imaging evidence of grade 1 spondylolisthesis at L1/2 and moderate to severe right neuroforaminal stenosis. There is no radiographic evidence of spinal segmental instability at any thoracolumbar level. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. There is no evidence of a psychosocial screen or psychological clearance for this surgery. Therefore, this request is not medically necessary.

T6-S1 posterolateral fusion with pedicle screws, rods, peek spacers, autograft and bone morphogenic protein, removal of the pump: Upheld

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

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: Fusion (spinal); Fusion for adult idiopathic scoliosis.

Decision rationale: The California MTUS guidelines recommend discectomy/laminectomy for lumbar nerve root decompression. 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. Fusion is recommended for adult idiopathic scoliosis when significant deformity is present. Criteria include 3 months of non-surgical care (education, exercises, and anti-inflammatory medications), curvatures over 50 degrees with persistent pain in adults, progressive mid and low back curve or low back curve with persistent pain, reduced heart and lung function, and adults under 50 years old due to surgical risks, but exceptions are possible. Fusion is recommended for objectively demonstrable segmental instability, such as excessive motion with degenerative spondylolisthesis, or for deformity of the lumbosacral spine that causes intractable pain, neurologic deficit, and/or functional disability. 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 injured worker presents with intractable lower back pain status post prior lumbar fusion from L3-L5. Conservative treatment has included pain pump. There are no clinical exam findings of neurologic deficit. There is imaging evidence of grade 1 spondylolisthesis at L1/2, moderate thoracic dextroscoliosis, and moderate lumbar levoscoliosis. The Cobb angle was 20 degrees. There is no radiographic evidence of spinal segmental instability at any thoracolumbar level. There is no documentation of impaired heart or lung function. There is no evidence of a psychosocial screen or psychological clearance for this surgery. This patient exceeds the typical age criteria for scoliosis surgery with no rationale presented to support an exception to guidelines. Therefore, this request is not medically necessary.