MAXIMUS Federal Services

Case Number:	CM15-0074952		
Date Assigned:	04/24/2015	Date of Injury:	09/20/2011
Decision Date:	05/27/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/20/2015

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 48-year-old male who sustained an industrial injury on 9/20/11. Injury occurred when he slipped on ice and fell while carrying a heavy box. He underwent L5/S1 instrumented fusion on 10/12/12. The 10/31/13 lumbar spine MRI impression documented normal lower cord, conus, and cauda equina with no intradural space occupying lesions. There were postsurgical changes at L5/S1 with abnormal disc and facet joints at L4/5 and L5/S1 noted, and narrowing of the left lateral recess and neural foramen at L5/S1. The 12/5/13 progress report noted lumbar x-rays showed an anterior cage along with pedicle screw instrumentation at L5/S1. The hardware position was acceptable. There was no sign of solid bony arthrodesis in either the posterolateral or interbody space. The 12/10/14 discogram was reported positive at L4/5 with concordant pain. The 3/5/15 treating physician report cited persistent back and leg pain. Symptoms were bothersome especially with prolonged standing, walking and repetitive activities. Physical exam documented antalgic gait with a cane, mild to moderate loss of range of motion, 4+/5 bilateral extensor hallucis longus weakness, decreased L5 dermatomal sensation bilaterally, and intact deep tendon reflexes. He was able to heel/toe walk without assistive device. The diagnosis was axial back pain status post L5/S1 decompression and fusion on 10/12/12 with possible pseudoarthrosis, and L4/5 discogenic pain per discogram. He has not been able to return to work. The injured worker underwent a posterolateral fusion and posterior lumbar interbody fusion on 10/12/12, and has done poorly following this with persistent pain radiating to both legs, left greater than right. The L4/5 disc had deteriorated and has been proven by discogram to be causing symptoms and so the fusion needed to be extended to L4/5 to

stabilize this level. The fusion at L5/S1 was suspect and needed to be investigated. There was evidence of a recurrent disc protrusion on the left at L5/S1, with mild central stenosis at L4/5. The 3/20/15 utilization review non-certified the request for L5/S1 removal of hardware fusion, inspection and possible revision, L4/5 posterior fusion with screws and allografts, L5/S1 revision decompression, and L4/5 bilateral decompression and associated inpatient stay. The rationale indicated that there was no radiographic documentation relative to the fusion status at L5/S1, discography as a pre-operative indication for fusion was not supported by guidelines, and there was no radiographic evidence of instability. The 4/2/15 treating physician report appeal stated that the discogram showed beyond the shadow of a doubt that the L4/5 disc was causing his pain. He had a junctional syndrome following surgery and needed revision surgery. He had radiographic and radiological evidence of disc pathology at L4/5. The MRI showed L5/S1 disc protrusion with facet degeneration and ligamentum flavum hypertrophy.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 Removal of hardware fusion, inspection and poss revision, L4-5 posterolateral fusion with screws and allografts, L5-S1 revision decompression and L4-5 bilateral decompression: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back-Lumbar and Thoracic (Acute and Chronic).

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, Discography; Discectomy/Laminectomy; Fusion (spinal).

Decision rationale: The California MTUS guidelines recommend decompression surgery for lumbosacral nerve root decompression. Before referral for surgery, consideration of referral for psychological screening is recommended to improve surgical outcomes. The Official Disability Guidelines recommend criteria for lumbar decompression that include symptoms/findings that confirm the presence of radiculopathy and correlate with clinical exam and imaging findings. Guideline criteria include evidence of nerve root compression, imaging findings of nerve root compression, lateral disc rupture, or lateral recess stenosis, and completion of comprehensive conservative treatment. Fusion is recommended for objectively demonstrable segmental instability, such as excessive motion with degenerative spondylolisthesis. The ODG recommend revision surgery for failed previous operations if significant functional gains are anticipated. Revision surgery for the purposes of pain relief must be approached with extreme caution due to less than 50% success rate reported in medical literature. Guidelines state that discography is not recommended and of limited diagnostic value. 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. For any potential fusion surgery, it is recommended that the patient refrain from smoking for at least 6 weeks prior to surgery and during the period of fusion healing. Guideline criteria have not been met. This injured worker presents with low back pain radiating

to both lower extremities status post L5/S1 fusion on 10/12/12. Clinical exam findings are consistent with L5 nerve root compression. There is imaging evidence of plausible nerve root compression and positive discogram findings at L4/5. However, there is no evidence of spinal segmental instability at the L4/5 level. There was a report on 12/13/13 of potential pseudo-arthrosis at L5/S1 but no subsequent imaging studies are documented assessing the fusion status. Additionally, the patient was noted as a smoker and there is no current evidence of smoking cessation or discussion thereof. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. There is no documented of a psychosocial screen or psychological clearance for additional fusion surgery. Therefore, this request is not medically necessary.

Associated surgical service: Two-day inpatient stay: 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 - Lumbar & Thoracic: Hospital length of stay (LOS).

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