

Case Number:	CM15-0093013		
Date Assigned:	05/19/2015	Date of Injury:	05/18/2004
Decision Date:	06/19/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	05/14/2015

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 63-year-old female who sustained an industrial injury on 5/18/04. The mechanism of injury was not documented. Past surgical history was positive for anterior cervical discectomy and fusion at C3/4 and posterior fusion from C3-T2 on 7/18/11. Past medical history was positive for depression and hypertension. She was a non-smoker. The 3/16/15 treating physician report cited neck pain and numbness radiating down the left arm, low back pain and numbness radiating down both legs, and urinary retention. Lower back pain was reported unbearable. Pain was rated 10+/10. Symptoms were constant and not alleviated by anything. Physical exam documented normal station and gait, and grossly intact coordination and sensation. The musculoskeletal exam was reported unchanged. The diagnoses included profound lumbar spinal stenosis L2/3, L3/4, and L4/5, abnormal lumbar kyphosis, lumbar degenerative disc disease, bilateral lumbar radiculopathy, and low back pain. The injured worker had severe low back and bilateral leg pain and numbness, and pending caudal equina compression. Authorization was requested posterior lumbar interbody fusion at the levels of L2-S1 and associated surgical services: three (3) day inpatient stay. Authorization was also requested for an updated MRI as her last one was in May 2013. The 3/24/15 psychiatrist letter indicated that the injured worker was last seen on 1/13/14. He stated that he had sufficient information to provide pre-surgical psychological clearance. The 4/8/15 lumbar spine MRI impression documented progression of degenerative changes with severe spinal stenosis at the L2/3, L3/4, and L4/5 levels. There was severe lateral recess and foraminal narrowing also present at multiple levels. Findings documented a posterior disc bulge with a right paracentral component and facet and

ligamentum flavum hypertrophy resulting in severe spinal stenosis. The central canal measured 5 mm. There was bilateral lateral recess narrowing and moderate to severe bilateral foraminal narrowing. At L3/4, there was a broad-based disc bulge with facet and ligamentum flavum hypertrophy resulting in severe spinal stenosis, severe lateral recess narrowing, and severe left and moderate right foraminal narrowing. At L4/5, there was a broad-based disc bulge with facet and ligamentum flavum hypertrophy resulting in severe spinal stenosis. There was severe bilateral neuroforaminal with impingement of the exiting nerve roots. At L5/S1, there was a right paracentral disc bulge with facet and ligamentum flavum hypertrophy resulting in severe right lateral recess and severe right and moderate left foraminal narrowing. The 4/17/15 utilization review non-certified the request for posterior lumbar interbody fusion from L2-S1 based on a lack of recent comprehensive neurologic evaluation confirming the presence of radiculopathy that would support extensive decompression surgery and subsequent fusion, and no documentation of recent psychosocial screening and clearance for surgery. The 4/16/15 treating physician report cited severe low back pain radiating into both legs to the feet. The progress report documented normal station and gait and grossly intact coordination and sensation. The MRI was reviewed. The diagnosis was unchanged. Surgery was again requested due to severe low back pain, bilateral leg pain, bilateral leg numbness, and pending cauda equina compression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical services: Three (3) day inpatient stay: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Worker's Compensation, Online Edition, Chapter: Low Back, Lumbar & Thoracic, 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 Lumbar & Thoracic: Hospital length of stay (LOS).

Decision rationale: The California MTUS does not provide hospital length of stay recommendations. The Official Disability Guidelines recommend the median length of stay (LOS) based on type of surgery, or best practice target LOS for cases with no complications. The recommended median and best practice target for posterior lumbar fusion is 3 days. Guideline criteria have been met for the requested 3-day inpatient stay. Therefore, this request is medically necessary.

Posterior lumbar interbody fusion at the levels of L2-S1: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Discectomy/Laminectomy.

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, Discectomy/Laminectomy, Fusion (spinal).

Decision rationale: The California MTUS guidelines recommend surgery for lumbosacral nerve root decompression. Guidelines state there is 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. 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. 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 been met. This patient presents with severe intractable low back pain radiating into both lower extremities to the feet with numbness. There is imaging evidence of severe central canal stenosis and severe lateral recess and foraminal narrowing at the L2/3 to L5/S1 levels. Evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Records indicated the need for wide decompression that would result in temporary intraoperative instability. Therefore, this request is medically necessary.