

Case Number:	CM15-0095755		
Date Assigned:	05/22/2015	Date of Injury:	03/05/1998
Decision Date:	06/24/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/18/2015

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 65-year-old female who sustained an industrial injury on 3/5/98, relative to a rear-end motor vehicle accident. Past surgical history was positive for C6/7 discectomy, cervical discectomy and fusion in 1989, laminectomy in 1999, lumbar discectomy in 2007, and cervical fusion in 2011. Records indicated that she underwent a redo C2/3 bilateral laminotomy, C2-4 vertex posterior instrumentation and bilateral fusion C2-4 in October 2014. The 2/16/15 treating physician report cited improving cervical pain, and increased low back pain with bilateral foot numbness. She reported a feeling that he back was being pulled apart. Low back symptoms were reported constant grade 9/10. Pain was worse in the morning and with daily activity, lifting, standing, and getting out of bed. Pain was alleviated by Dilaudid. Physical exam documented normal heel to toe gait, and normal lower extremity sensation and reflexes with no clonus. She had a forward flexed gait with stable myelopathy. Lumbar spine x-rays were taken and showed a fixed retrolisthesis at L1 on L2 and L2 on L3 with no significant interval change and no evidence for instability. The treatment plan requested a repeat lumbar MRI. The 2/16/15 report of lumbar spine x-rays with flexion/extension views documented a fixed retrolisthesis at L1 on L2 and L2 on L3 with no significant interval change and no evidence for instability. An addendum by treating physician noted on 2/16/15 indicated that there was clear and severe unstable spondylolisthesis at L1/2, which had markedly progressed. The 3/31/15 treating physician report requested L1/2 and L2/3 decompression, stabilization and fusion. He reported lumbar spine x-rays with flexion/extension views showed fixed retrolisthesis at L1 on L2 and L2 on L3 with no significant interval change and no evidence for instability. The 4/12/15 utilization review non-certified the request for L1/2, L2/3 laminectomy and fusion with O arm and associated 2 night inpatient hospital stay as there was no evidence of neural compression or spinal instability on flexion/extension films. An associated request for lumbar spine MRI was certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

L1-L2 and L2-L3 Laminectomy Fusion with O-Arm: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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 ½ Lumbar & Thoracic, Discectomy/Laminectomy, Fusion (spinal).

Decision rationale: The California MTUS guidelines recommend laminectomy for lumbosacral nerve root decompression. 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 recommend criteria for lumbar laminectomy 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. 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 increased low back pain with bilateral foot numbness and reported stable myelopathy. Clinical exam findings do not evidence nerve root compression. There is no imaging report or discussion in the submitted records to evidence nerve root compression, lateral disc rupture, or lateral recess stenosis. A concurrent request for lumbar spine MRI has been certified. There is conflicting evidence relative to the presence of spinal segmental instability on flexion/extension films. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial for the lumbar back and failure has not been submitted. Additionally, there is no evidence of a psychosocial screening. Therefore, this request is not medically necessary at this time.

Inpatient Hospital Stay (2-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 ½ 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.

