

Case Number:	CM14-0142908		
Date Assigned:	09/10/2014	Date of Injury:	01/15/2003
Decision Date:	10/06/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	09/03/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 66-year-old male sales representative sustained an industrial injury on 1/15/03 relative to a motor vehicle accident. Past surgical history was positive for anterior cervical discectomy and fusion at C5/6 and C6/7 on 8/1/05, and lumbar discectomy and fusion at L4/5 on 10/10/08. The 6/7/13 lumbar MRI impression documented postsurgical changes at L4/5. There was a minimal disc bulge at L1/2 without high grade spinal stenosis or foraminal narrowing. There was retrolisthesis at L2/3 with degenerative changes resulting in moderate to severe spinal stenosis and possible impingement on the exiting right L2 nerve sleeve. There was a 4 mm disc protrusion at L3/4 with spondylosis, ligamentum flavum hypertrophy and facet joint degenerative change resulting in moderate to severe spinal stenosis. There was bilateral facet joint degenerative change at L5/S1 with no focal disc herniation or high grade foraminal narrowing. The 5/13/14 treating physician report cited an increase in low back pain over the past year with radiculopathy into the posterior right leg with tingling and weakness. Pain was worse with sitting, prolonged standing, and transitional positions. Conservative treatment included anti-inflammatory medications, muscle relaxants, pain medication and activity modification. Physical exam documented no strength loss. MRI findings were reviewed and showed spondylolisthesis at L2-4 with collapse nearly bone-on-bone in the L1/2 disc space. Lumbar x-rays showed a 10-degree scoliosis at L1-5 and 4 cm sagittal imbalance. The lumbar scoliosis and spondylolisthesis had progressed over the last 5 years. Revision lumbar fusion surgery from L1 to L4 was requested. The 8/1/14 utilization review denied the request for revision lumbar fusion with inpatient stay based on an absence of documented conservative treatment or neurologic deficits. The 9/12/14 QME report cited constant severe low back and bilateral leg pain with sudden numbness into all surfaces of the feet and associated weakness. Physical exam documented marked loss of range of motion, positive bilateral nerve tension signs, trace patellar reflexes

bilaterally, and absent Achilles reflex on the right, trace on the left. Anterior tibialis strength was 4+/5 right and 4/5 left, and left gastroc soleus strength was 4+/5. Strength was otherwise normal bilaterally. There was significant asymmetry of the right calf. There was reported progressive deterioration of the lumbar spine with bilateral radiculopathy and associated radiculitis. Surgery was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Revision Transforaminal Lumbar Interbody Fusion (TLIF) of level L1-4 prior L4-5 Fusion, with 3 days Inpatient Stay: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM - <http://www.acoempracguides.org/Low Back; Table 2, Summary of Recommendations, Low Back Disorders>.

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, Fusion (spinal)

Decision rationale: The California MTUS guidelines do not provide specific recommendations for revision lumbar fusion surgery. The Official Disability Guidelines (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. 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 including a trial and failure of comprehensive non-operative treatment. The condition is severe and has progressed overall. Therefore, this request is medically necessary.