

Case Number:	CM13-0053459		
Date Assigned:	12/30/2013	Date of Injury:	07/12/2010
Decision Date:	04/25/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	11/18/2013

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:

The patient is a 49-year-old male who sustained a low back injury on 7/12/10 when he bent over and experienced knife-like pain. He subsequently underwent right L4/5 and bilateral L5/S1 discectomy and laminectomy in 2011 which resulted in worsened pain. The 5/10/13 treating physician report cited worsening low back and bilateral leg pain. Objective findings documented bilateral L5/S1 weakness, L4/5 sensory loss, and symmetrical deep tendon reflexes. The treatment plan recommended anterior and posterior lumbar fusion and decompression at L4/5 and L5/S1 due to disc re-herniation. The treating physician opined that surgery was the only treatment option for this patient. The 6/15/13 second opinion report cited constant low back pain radiating down the back of the right leg with back pain worse than leg pain, some posterior numbness, and occasional weakness. Objective findings documented painful lumbar flexion/extension, positive right straight leg raise, and normal lower extremity sensation, motor function, and deep tendon reflexes. Flexion/extension x-rays were taken and showed no evidence of instability. The treatment plan recommended conservative treatment. The orthopedist (second opinion) stated that the likelihood of significant benefit from a two-level fusion would be pretty poor to treat his back pain. The 9/13/13 lumbar MRI documented status post bilateral laminectomies at L5/S1 with stable broad based disc bulge causing mild right lateral recess and neuroforaminal narrowing, and possible mild nerve root encroachment. At L4/5, there was a right-sided hemilaminectomy, a broad based disc bulge versus post-operative changes, mild bilateral lateral recess and neuroforaminal narrowing, and mild narrowing of the central canal. A large left paracentral disc protrusion previously seen on the 11/28/11 MRI had resolved in the interval. There were no other significant disc bulges or herniations seen in the remainder of the lumbar spine; disc desiccation was seen at the L4/5 and L5/S1 levels. The 10/8/13 treating physician report states that low back and bilateral leg pain is worsening. Objective findings are

reported unchanged with plantar flexion and dorsiflexion weakness and decreased L4 and L5 sensation. He reviewed the MRI and reported disc herniation at L4/5 and L5/S1. He opined that surgical intervention in the form of anterior and posterior L4 to S1 fusion and decompression was the only chance of helping the patient. The 10/23/13 third opinion report indicated that the patient was here to assess the utility of a fusion. The patient was very motivated to return to work as a truck driver. He had lost 60 pounds and was very compliant with suggested therapies. Symptoms were worsening with right leg pain 8/10. Physical therapy had not been provided recently. The orthopedist (third opinion) recommended comprehensive pain management and physical therapy, including a neuropathic agent, prior to consideration of any surgical intervention. He opined the medical necessity of an L4-S1 ALIF followed by L4-S1 revision laminectomy and instrumented fusion, but not before completing a thorough conservative treatment program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient surgery for Anterior and Posterior lumbar fusion and decompression: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 208-211. Decision based on Non-MTUS Citation Official Disability Guidelines (Odg) Low Back - Lumbar & Thoacic, Discectomy/Laminectomy; Fusion (Spinal).

Decision rationale: The California MTUS guidelines do not provide recommendations for this procedure in chronic back injuries. The revised ACOEM low back chapter criteria for lumbar decompression surgery generally requires radicular pain syndrome with current dermatomal pain and /or numbness or myotomal muscle weakness all consistent with a herniated disc, imaging findings that confirm persisting nerve root compression at the level/side predicted by the clinical findings, and continued significant pain and functional limitation after appropriate conservative treatment. Fusion is supported in decompressive laminectomy where adequate decompression requires the removal of more than 50% of both facets or the complete removal of a unilateral facet complex. The Official Disability Guidelines recommend similar criteria for decompressive surgery 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 may be supported for surgically induced segmental instability but pre-operative guidelines recommend completion of all physical medicine and manual therapy interventions and psychosocial screen with all confounding issues addressed. Based on the medical records provided for review the patient does not meet the ACOEM and Official Disability Guideline criteria. Medical records include imaging findings that documented a possible mild nerve root encroachment at L5 with equivocal neurologic exam findings documented by different physicians. There is no documentation that recent comprehensive non-operative treatment has been tried and failed. Neither radiographic segmental instability nor a psychosocial screen has been documented. Two alternative surgical

opinions were sought by the patient and neither surgeon recommended proceeding with the planned surgical intervention. The request for an inpatient surgery for an anterior and posterior lumbar fusion and decompression is not medically necessary and appropriate.

Inpatient 2 day stay: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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